

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 0093502

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown, Md. R D 5  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

### 3. (a) FULL NAME

William Leroy Albright

### 3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

January 21, 1946

6. (c) If alive, give age years

8. AGE:

Stillborn

Days

If less than one day

hrs.

1/2 min.

9. Birthplace

Hagerstown- Wash. Co., Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

William Albright

13. Birthplace

Wash. Co., Md.

MOTHER

14. Maiden name

Bettie Repp

15. Birthplace

Wash. Co., Md.

16. Informant

William Albright

Address

Hagerstown, Md. R D 5

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 23, 1946

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Md.

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Md.

19.

Date rec'd by registrar

Jan 23 1946

Registrar

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Rural R D 5

(If outside city or town limits, write RURAL and give nearest town)

Street No. Fiddlersburg, Dist.

(If rural, give LOCATION)

2. (a) If veteran, name war

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 - 1946 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 21 - 1946 to Jan 21 1946

and that I last saw him alive on 1946

Immediate cause of death

DURATION

Due to Asphyxia in Birth Canal

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Harry O. Pinker, M.D.

M. D. or other

Address Hagerstown, Md. Date signed 1/23/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 25 1946  
BUREAU V.S.

ANTHONY L. BEECHER

INC. A. B. CO. TENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 16 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 7 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington  
 City or town... Mapleville, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. San Mar Home  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Clara A. Baldwin

## 3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>Widow</u>

6.(b) Name of husband or wife... Charles A. Baldwin  
 7. Birth date of deceased (mo., day, yr.) September 6, 1860  
 8. AGE: Years 85 Months 4 Days 0 If less than one day  
 hrs. min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH... January 6 19 46 at 8:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec 27 19 45 to Jan 6 19 46  
 and that I last saw him alive on Jan 6 19 46

Immediate cause of death... Chronic myocarditis  
 DURATION 11 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE... Shirley Bowers M. D. or otherAddress... Bowling Green, Md. Date signed 1/7/46

9. Birthplace... Mapleville, Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation... Confined in a Nursing Home  
 11. Industry or business  
 12. Name... Daniel P. Fahrney  
 13. Birthplace... Mapleville, Maryland  
 14. Maiden name... Susan Middlekauff  
 15. Birthplace... Washington County, Md.  
 16. Informant... Mrs. Paul E. Phillips  
 Address... Baltimore, Maryland  
 17. Burial... Burial Date thereof... 1-8-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory... Rose Hill Cemetery  
 Location... Hagerstown, Maryland  
 18. Funeral director... C. M. Suter & Sons  
 Address... Hagerstown, Maryland  
 19. Jan 7 19 46 Shirley Bowers  
 (Date rec'd by registrar) Registrar

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JAN 9 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472 +

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Rural Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Hagerstown Route 3  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington  
 City or town... Rural Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... Hagerstown Route 3  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Elizabeth Eberly Bender3. (b) Social Security Number  
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife James H. Bender  
 D. (c) If alive, give age years  
 7. Birth date of deceased (mo., day, yr.) July 2, 1886  
 8. AGE: Years 59 Months 6 Days 24 If less than one day  
 hrs. min.

9. Birthplace Clarinda Iowa  
 (Town, county, and state)  
 10. Usual occupation House Wife  
 11. Industry or business  
 FATHER 12. Name Samuel M. Eberly  
 13. Birthplace Penna.  
 MOTHER 14. Maiden name Susan Massow  
 15. Birthplace Penna.

16. Informant Rev. James H. Bender  
 Address Hagerstown, Route 3

17. Burial Jan. 30 1946  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
 Cemetery or crematory Norland Cemetery  
 Location Chambersburg, Pa.

18. Funeral director Barbour  
 Address Chambersburg Pa.

19. Jan. 28 1946 Frank Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26, 1946 19 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
September 19, 1945 19 to Jan. 26, 1946  
 and that I last saw him alive on January 23, 1946 19

Immediate cause of death Carcinoma (Pulmonary) DURATION 1944  
 Due to Carcinoma of breast 1944  
(palliative operation 1944)  
 Due to  
 Other conditions Carcinoma of lower spine 1944  
 (Include pregnancy within 8 months of death)

Major findings of operations Metastatic carcinoma of breast  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE B. B. Bowers M. D. or other  
 Address 148 W. Washington St. Date signed 1/28/46

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JAN 30 1946

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Fredericktown, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 days  
 Hospital, institution or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Penn County... Franklin  
 City or town... Mercersburg Pa  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION) ✓  
 2.(a) if veteran, name war .....

## 3. (a) FULL NAME

Mrs Alice Susan Bighans

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife .....

6. (c) If alive, give age .....

7. Birth date of deceased (mo., day, yr.) Oct. 10 - 1865

8. AGE: Years 80 Months 3 Days 16 It less than one day hrs. min.

9. Birthplace... Leitersburg Md.  
(Town, county, and state)10. Usual occupation... House work

11. Industry or business .....

12. Name... Jesiah King13. Birthplace... Md.14. Maiden name... Barbara Metzel15. Birthplace... Md.16. Informant... Mrs John Mc'addenAddress... Mercersburg Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 29 - 46 (month) (day) (year)

Cemetery or crematory... Leitersburg Md.

Location .....

18. Funeral director... M. H. LiningerAddress... Mercersburg, Pa.

19. Jan. 26, 1946 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... 1-26-1946 at 4 am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/24/46 to 1/26/46 and that I last saw her alive on 1/25/46

Immediate cause of death... Coronary cardiac failureDue to... Arteriosclerosis of the heart

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operation... .. Date of op. ....

Autopsy results... ..

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... .. Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE... John H. HornAddress... 154 W. Washington StDate signed... 1/26/46

M. D. or other

10495 town. and

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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JAN 29 1946

BUREAU V.E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 301

## 1. PLACE OF DEATH:

County Washington CountyCity or town Williamsport, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 yrs

Hospital, institution, or street address where death occurred:

233 N. Conococheague St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Williamsport, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 233 N. Conococheague St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

George Washington Bloyer

## 3. (b) Social Security Number

215-019-910

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Married</u>

6.(b) Name of husband or wife Clara Renner Bloyer6.(c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) July 11 1877

8. AGE:	Years	Months	Days	If less than one day
<u>69</u>	<u>6</u>	<u>12</u>	.....hrs.	.....min.

9. Birthplace Fairview Maryland

(Town, county, and state)

10. Usual occupation Mechanist11. Industry or business Byrons Tannery12. Name John Thomas Bloyer13. Birthplace Fairview Md.14. Maiden name Sarah Sword15. Birthplace Fairview Md.16. Informant Clara Renner BloyerAddress 233 N. Conococheague St.Williamsport, Md.17. Burial Date thereof Jan. 25 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Broadfording CemeteryLocation Near Hagerstown Md.18. Funeral director Edith V LeafAddress #7 Chuech St. Williamsport, Md.19. 1-23- 19 46 Mrs E Lee McEwen

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23 19 46 at 5:46 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 1 19 45 to Jan. 23 19 46and that I last saw him alive on Jan. 21 19 46

Immediate cause of death

1. Myocarditis Chronic2. Chronic Dehydration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Williamsport Md Date signed 1/24/46

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JAN 29 1946  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 526/K

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 303

<b>1. PLACE OF DEATH:</b> County..... <u>Washington</u> City or town..... <u>Clear Spring, Md.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>2 years</u> Hospital, institution, or street address where death occurred: <u>Cumberland St.</u> How long in hospital or institution?.....				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Washington</u> City or town..... <u>Clear Spring, Md.</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>Cumberland Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
<b>3. (a) FULL NAME</b> <u>John Henry Bloyer</u>				<b>3. (b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>			
<b>6. (b) Name of husband or wife</b> <u>Nannie Bloyer</u>				<b>6. (c) If alive, give age</b> ..... years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Sept. 7, 1881</u>							
<b>8. AGE:</b> Years <u>64</u> Months <u>4</u> Days <u>15</u> If less than one day..... hrs. .... min.							
<b>9. Birthplace</b> <u>Wash. County, Md.</u> (Town, county, and state)							
<b>10. Usual occupation</b> <u>Farmer</u>							
<b>11. Industry or business</b>							
<b>FATHER</b>		<b>12. Name</b> <u>George Bloyer</u>					
		<b>13. Birthplace</b> <u>Wash. Co., Md.</u>					
<b>MOTHER</b>		<b>14. Maiden name</b> <u>Lottie Wishard</u>					
		<b>15. Birthplace</b> <u>Wash. Co., Md.</u>					
<b>16. Informant</b> <u>Mrs. Nannie Bloyer</u> Address <u>Clear Spring, Md.</u>							
<b>17. Burial</b> (Burial, cremation, or removal. Which?) Date thereof..... <u>Jan. 24, 1946</u> (month) (day) (year) Cemetery or crematory..... <u>St. Paul's Cemetery</u> Location..... <u>Clear Spring, Md. Rural</u> <u>Snyder-Rowland Funeral Home</u>							
<b>18. Funeral director</b> Address <u>Clear Spring, Md.</u>							
<b>19. Date rec'd by registrar</b> <u>Jan 24 1946</u>							
<b>20. DATE OF DEATH</b> <u>January 22, 1946</u> 19 <u>5:00 A.</u> M							
<b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Jan 1 1946</u> to <u>Jan 22 1946</u> and that I last saw him alive on <u>Jan 21-46</u> 19							
<b>Immediate cause of death</b> <u>Carcinoma Bladder</u>							
<b>DURATION</b> <u>6 mo</u>							
<b>Other conditions</b> (Include pregnancy within 3 months of death)							
<b>Major findings of operations</b> Date of op.							
<b>Autopsy results</b> <b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically.							
<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury..... Injured at work?							
<b>23. SIGNATURE</b> <u>J. E. W. Smith</u> M. D. or other <u>Joseph W. Murray</u> Registrar Address..... Date signed <u>1/24/46</u>							

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JAN 26 1946

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 727

00941

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: **Washington**  
 County.....  
 City or town **Hagerstown, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
**Life**  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
**313 1/2 Liberty Street**  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Maryland** County **Washington**  
 City or town **Hagerstown**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **313 1/2 Liberty Street**  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war.....

3. (a) FULL NAME  
**William Denton Boward**

3. (b) Social Security Number  
**214-09-1612**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Widower**  
 6. (b) Name of husband or wife **Mary F. Ridenour Boward**

7. Birth date of deceased (mo., day, yr.) **December 12, 1874**  
 6. (c) If alive, give age..... years

8. AGE: Years **71** Months **1** Days **14** If less than one day  
 hrs. .... min.

9. Birthplace **Hagerstown, Wash. Co. Md.**  
 (Town, county, and state)

10. Usual occupation **Retired Silk Weaver**

11. Industry or business

12. Name **Denton Boward**  
 13. Birthplace **Hagerstown, Maryland**

14. Maiden name **Laura E. Ridenour**  
 15. Birthplace **Hagerstown, Maryland**

16. Informant **Mrs. Morris Guider**  
 Address **Hagerstown, Maryland**

17. Burial Date thereof **1-29-46**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Rose Hill Cemetery**  
 Location **Hagerstown, Maryland**

18. Funeral director **C. M. Suter & Sons**  
 Address **Hagerstown, Maryland**

19. **Jan. 29, 1946** **W. H. Bowers**  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **Jan. 25** 19 **46** at **9A** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 ..... 19....., to ..... 19.....  
 and that I last saw him ..... alive on ..... 19.....

Immediate cause of death.....  
**Chr/ Myocarditis**  
 Due to.....  
**Mitral stenosis**  
 Due to.....

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
**No**  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide.....  
**No** Date of.....  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE.....  
**S. Robert Wells**  
 Address **Hagerstown Md.** Date signed **Jan. 27/46**

DEPUTY MEDICAL EXAM

WASH. CO. MD.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 31 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17

## CERTIFICATE OF DEATH

★ Reg. Diat. No. 302

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 4 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 720 Maryland Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Joseph William Breichner

## 3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widower  
 8. AGE: Years..... 73 Months..... 3 Days..... 7 If less than one day..... hrs. .... min.  
 6.(b) Name of husband or wife..... Agnes F. Breichner  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) September 29, 1872

9. Birthplace..... Falling Waters, W. Va.  
 (Town, county, and state)  
 10. Usual occupation..... Retired Barber  
 11. Industry or business.....

FATHER 12. Name..... Clement T. Breichner  
 13. Birthplace..... Falling Waters, W. Va.  
 MOTHER 14. Maiden name..... Julianna K. Tressler  
 15. Birthplace..... Bonneysville, Pa.

16. Informant..... Phillip Breichner  
 Address..... Hagerstown, Maryland

17. Burial..... Jan 9, 1946  
 (Burial, cremation, or removal, which?) Date thereof..... (month) (day) (year)  
 Cemetery or crematory..... St. Joseph Cemetery  
 Location..... Martinsburg, W. Va.

18. Funeral director..... C. M. Suter & Sons  
 Address..... Hagerstown, Maryland

19. Jan 6, 46 Black Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 5 19 46 at 3:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jan 2 19 46 to Jan 5 19 46  
 and that I last saw him alive on Jan 5, 1946 19 46

Immediate cause of death..... Broncho pneumonia  
 DURATION..... 1 wk

Due to..... Bronchiectasis  
 9 yrs

Due to..... Chronic Sinusitis  
 9 yrs +

Other conditions.....

(Incise pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury..... Injured at work? .....

23. SIGNATURE..... Robert V. L. Campbell MD.  
 M. D. or otherAddress..... 145 W. Washington St. Date signed Jan 5, 1946



RECEIVED

JAN 8 1946

BUREAU V.B.

RECEIVED

JAN 8 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 38a

## CERTIFICATE OF DEATH

Dr. Ditto

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Hours

Hospital, institution, or street address where death occurred:

Wash. Co. HospitalHow long in hospital or institution? 3 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington

City or town... Boonsboro R. F. D. # 1  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Tilghmanton  
 (If rural, give LOCATION)

2(a) If veteran, name war None

## 3. (a) FULL NAME

Cecil Archie Brown

## 3. (b) Social Security Number

214 - 08 - 4156

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Thelma

7. Birth date of deceased (mo., day, yr.) March 9 1910  
 6. (c) If alive, give age 32 years

8. AGE: Years 35 Months 10 Days 17 If less than one day  
 .....hrs. ....min.

9. Birthplace Lantz Fredrick Co. Md.  
 (Town, county, and state)

10. Usual occupation Die & Tool Maker11. Industry or business Fairchild Aircraft12. Name Keller J. Brown13. Birthplace Lantz Md.14. Maiden name Leoma M. Pryor15. Birthplace Wol fessville Md.16. Informant Mrs. Thelma BrownAddress Hagerstown Md.

17. Burial Date thereof 1/30/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.

19. Jan. 29. 46 Bluff Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 19 46, at 6 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 26 19 46, to Jan 26 19 46.and that I last saw him alive on Jan 26 19 46.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Dr. Ditto M. D. or otherAddress Hagerstown Md. Date signed 1/29/46

RECEIVED

JAN 31 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington  
 County Hagerstown  
 City or town Lifetime  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Washington County Hosp.  
 Hospital, institution, or street address where death occurred  
 How long in hospital or institution? One day

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants, give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 25 Harmon Alley  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME Charles Burns

3. (b) Social Security Number  
212-14-7804

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 27, 1913 6. (c) If alive, give age years

8. AGE: Years 32 Months 9 Days 9 If less than one day hrs. min.

9. Birthplace Hagerstown, Wash. Md.  
 (Town, county, and state)

10. Usual occupation Labarer

11. Industry or business See Town, W. Va.

12. Name Alex Burns

13. Birthplace Louisville, Ky.

14. Maiden name Williamson

15. Birthplace Williamsport, Md.

16. Informant George Burns

Address 25 Harmon Alley

17. Burial (Burial, cremation, or removal, which?) Burial Date, thereof 1/28/46  
 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director William H. Downey

Address 291 Fredrick St Hagerstown

19. Jan 28 46 Chas H. Powers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1946 19 24 21

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 23, 1946 19 24 to Jan. 24, 1946  
 and that I last saw him alive on January 24, 1946 19 24

Immediate cause of death Bilateral Lobar Pneumonia DURATION 5 days

Due to

Due to

Other conditions Minor laceration of mouth and neck due to fall on glass 2 days  
 (Include pregnancy within 9 months of death)

Major findings of operations

Date of op.

Autopsy results Bilateral lobar pneumonia

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. B. Shively, M.D. M. D. or other

Address 148 W. Washington St. Date signed 1/26/46

RECEIVED

JAN 30 1946

BUREAU V. G.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1638

## CERTIFICATE OF DEATH

00945

Reg. Dist. No. 308

1. PLACE OF DEATH: Washington  
 County.....  
 City or town..... St. James, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 43 years  
 Hospital, institution, or street address where death occurred:  
 St. James School  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... Maryland County..... Washington  
 City or town..... St. James  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... No Number  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
 John G. Campbell

3. (b) Social Security Number

4. Sex Male  
 5. Color or race White  
 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife Mary U. de Ronge Campbell

7. Birth date of deceased (mo., day, yr.) February 10, 1878

8. AGE: Years 67 Months 1 Days 5 If less than one day  
 .....hrs. ....min.

9. Birthplace Owings Mills, Maryland  
 (Town, county, and state)

10. Usual occupation School Teacher

11. Industry or business St. James School

12. Name William Campbell

13. Birthplace Winchester, Virginia

14. Maiden name Jessie Gorsuch

15. Birthplace Owings Mills, Maryland

16. Informant Adrian Onderdonk partially

Address St. James, Maryland

17. Burial Date thereof 1-18-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. James Cemetery

Location St. James, Maryland

C. M. Suter & Sons

18. Funeral director Hagerstown, Maryland

19. Jan. 17, 1946 John H. Bast

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15, 1946, at about 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from .....19....., to .....19.....  
 and that I last saw him .....alive on .....19.....

Immediate cause of death.....

Will be supplied

Due to later

Due to suicide, by unknown poison.

Autopsy, January 15th, 1946.

Other conditions Suicidal

(Include pregnancy within 8 months of death)

Major findings of operations.....

chemical analysis being done

Autopsy results Known at later date Jan/15/46

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of Jan/14/46

Where did injury occur? St James Wash. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury smoked or swallowed poison Injured at work?

23. SIGNATURE St. Rohus & Wells DEPUTY MEDICAL EXAM.

Address Hagerstown, Md. WASH. CO., MD. M. D. Gieseler Date signed 1/14/46

RECEIVED  
JAN 19 1946  
BUREAU V. R.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of  
year of birth of deceased is  
shown on  
FILM No. 100 FEB 14 1946

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00946  
Reg. Dist. No. 303

## 1. PLACE OF DEATH:

County Washington County  
City or town Clearspring Md. RFD  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 75 yrs  
Hospital, institution, or street address where death occurred:  
Blairs Valley  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Clearspring Md. (Blairs Valley)  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Clearspring Md. RFD Blairs Valley  
(If rural, give LOCATION)  
2.(a) If veteran, name war

## 3. (a) FULL NAME

Charles Elmer Carbaugh

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife Mary E. Carbaugh

## 7. Birth date of

deceased (mo., day, yr.)

Sept. 1 1875- 18706. (c) If alive, give age 70 years

## 8. AGE:

Years

Months

Days

If less than one day

75430

hrs.

min.

9. Birthplace Clearspring Md. RFD

(town, county, and state)

10. Usual occupation Farm Labor

## 11. Industry or business

FarmFATHER 12. Name John Carbaugh13. Birthplace Clearspring Md (Blairs Valley)MOTHER 14. Maiden name Mary E. Clopper15. Birthplace Clearspring Md. (Blairs Valley)16. Informant Mrs. Pearl L. SwordAddress Clearspring Md. RFD

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Feb. 3 1946  
(month) (day) (year)Cemetery or crematory Church Of God CemeteryBlairs Valley Clearspring Md.

Location

18. Funeral director Edith V. LeafAddress #7 Church St. Williamsport, Md.19. 2 46  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 19 46, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 46 to Jan 31 19 46  
and that I last saw him alive on Jan 30 19 46

Immediate cause of death

Cerebral Sclerosis

DURATION

3 yrsDue to Arterio Sclerosis5 yrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

David P. Brown M.D.  
Address Clear Spring Md M. D. or other  
Date signed 2/1/46

RECEIVED

FEB 5 1946

BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17020

## CERTIFICATE OF DEATH

00947

Reg. Dist. No. 302

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

En route to Washington County Hospital

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County Franklin  
City or town Greencastle  
(If outside city or town limits, write RURAL and give nearest town)

Street No. W. Baltimore

(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Barbara E. Clever

### 3. (b) Social Security Number

219-07-2869

#### 4. Sex

Female

#### 5. Color or race

White

#### 6. (a) Single, married, widowed, or divorced

Married

#### 6. (b) Name of husband or wife

Norman C. Clever

August 4, 1904

6. (c) If alive, give age 48 years

#### 7. Birth date of

deceased (mo., day, yr.)

#### 8. AGE:

Years

41

Months

5

Days

15

If less than one day

hrs. min.

#### 9. Birthplace

Frederick, Md.

(Town, county, and state)

#### 10. Usual occupation

Housewife

#### 11. Industry or business

FATHER

#### 12. Name

John W. Hamilton

#### 13. Birthplace

Maryland

MOTHER

#### 14. Maiden name

Katie Diser

#### 15. Birthplace

Maryland

#### 16. Informant

Mrs. Forest Cobell

#### Address

Frederick, Md.

#### 17. Burial

(Burial, cremation, or removal, Which?)

#### Date thereof

Jan. 23, 1946

(month) (day) (year)

#### Cemetery or crematory

Mt. Olivet

#### Location

Frederick, Md.

#### 18. Funeral director

Jacob A. Teitel

#### Address

Greencastle, Pa.

#### 19.

Jan 24

19

46

(Note rec'd by registrar)

Registrar

### MEDICAL CERTIFICATION

about

20. DATE OF DEATH Jan. 19 1946 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19

Immediate cause of death

Fractured skull

DURATION

1 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 1/19/46

Where did injury occur? Hagerstown Wash. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Middleburg Pike near Hagerstown

Means of injury Auto sideswiped Injured at work? MEDICAL EXAM.

23. SIGNATURE

H. Robert & Wells

M. D.

Address

Hagerstown, Md.

Date signed 1/21/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 23 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

## CERTIFICATE OF DEATH

Dr. Zimmerman

00948

Reg. Dist. No. 301

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Fairplay  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 26 Years  
 Hospital, institution, or street address where death occurred:  
Fairplay  
 How long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington  
 City or town... Fairplay  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. -  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... None

## 3. (a) FULL NAME

Charles Deville Coffman

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife... Estelle  
 6.(c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) October 11 1859

8. AGE: Years 86 Months 2 Days 4 If less than one day hrs. min.

9. Birthplace... Fairplay Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation... Farmer

11. Industry or business Retired

12. Name... Simon C. Coffman

13. Birthplace Sharpsburg Md.

14. Maiden name... Sarah Hoyd

15. Birthplace Shepherdstown W. Va.

18. Informant Mrs. Estelle Coffman

Address Fairplay Md.

17. Burial Date thereof 1/19/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Manor Cemetery

Location Tilghmanton Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Jan. 18 46 Date rec'd by registrar  
Wm E Lee M. Elroy Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Jan 15 1946 19... at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 1945 to Jan. 15 1946

and that I last saw him alive on Jan. 13 1946

Immediate cause of death... Advanced Arteriosclerosis and senility

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William E Lee M. D. or other

Address William E Lee Md. Date signed 1/16/46

RECEIVED  
JAN 19 1945  
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

00949

300

### 1. PLACE OF DEATH:

County Washington County  
City or town Sharpsburg Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Sharpsburg Maryland

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Sharpsburg Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Sharpsburg Md.  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3.(a) FULL NAME

Mrs. Mary Elizabeth Crampton

### 3.(b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife Albert Crampton

7. Birth date of deceased (mo., day, yr.) Feb. 7 1881  
6.(c) If alive, give age 66 years

8. AGE: Years Months Days If less than one day  
64 11 1 hrs. min.

9. Birthplace Dargan, Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER  
12. Name William Knight  
13. Birthplace Dargan Maryland  
14. Maiden name Mary M Haines  
15. Birthplace Dargan Maryland

16. Informant Albert Crampton  
Address Sharpsburg Maryland

17. Burial Date thereof Jan. 11 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Mountain View Cemetery  
Location Sharpsburg Maryland

18. Funeral director Edith V Leaf  
Address #7 Church St. Williamsport, Md.

Jan 10 1946 Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 19 46 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 19 45 to Jan. 8 19 46  
and that I last saw him alive on Jan. 7 19 46

Immediate cause of death

Carcinoma of Stomach

DURATION

18 months

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Walter H. Shady M.D. M. D. or other

Address Sharpsburg, Md. Date signed 1/9/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
FEB 7 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

<b>1. PLACE OF DEATH:</b> County <u>Washington</u> City or town <u>Hagerstown, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>23 years</u> Hospital, institution, or street address where death occurred: <u>208 North Potomac Street</u> How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Washington</u> City or town <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>208 North Potomac Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war			
<b>3. (a) FULL NAME</b> <u>John L. Cunningham</u>				<b>3. (b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Widower</u>			
<b>6. (b) Name of husband or wife</b> <u>Mary M. Cunningham</u>				<b>6. (c) If alive, give age</b> ..... years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>May 18, 1856</u>				<b>8. AGE:</b> Years <u>89</u> Months <u>8</u> Days <u>2</u> If less than one day ..... hrs. .... min.			
<b>9. Birthplace</b> <u>Fulton County, Pa.</u> (Town, county, and state)				<b>10. Usual occupation</b> <u>Retired Farmer</u>			
<b>11. Industry or business</b>				<b>12. Name</b> <u>John Cunningham</u>			
<b>13. Birthplace</b> <u>Fulton County, Pa.</u>				<b>14. Maiden name</b> <u>Annie Lake</u>			
<b>15. Birthplace</b> <u>Fulton County, Pa.</u>				<b>16. Informant</b> <u>Clifford C. Cunningham</u> Address <u>Hagerstown, Maryland</u>			
<b>17. Burial</b> (Burial, cremation, or removal. Which?) <u>1-23-46</u> (month) (day) (year) Cemetery or crematory <u>Funkstown Cemetery</u> <u>Funkstown, Maryland</u> Location <u>C. M. Suter &amp; Sons</u>				<b>18. Funeral director</b> Address <u>Hagerstown, Maryland</u>			
<b>19. Date rec'd by registrar</b> <u>Jan-22-46</u>				<b>20. REGISTRAR</b> <u>Chas. H. Bowers</u> Registrar			
<b>MEDICAL CERTIFICATION</b>							
<b>20. DATE OF DEATH</b> <u>Jan-19-46</u> at <u>8:30 P.</u> M.							
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> ..... 19....., to..... 19..... and that I last saw h..... alive on..... 19..... Immediate cause of death..... <u>Malignancy 66 face</u> <u>66 yrs</u> <u>chr. myocarditis</u> <u>3 yrs</u> Other conditions..... (Include pregnancy within 3 months of death)							
<b>Major findings of operations</b> ..... Date of op. ....							
<b>Autopsy results</b> ..... <u>no</u> <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>							
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide <u>no</u> Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury..... Injured at work?							
<b>23. SIGNATURE</b> <u>S. Robert Wells</u> Address <u>Hagerstown, Md.</u> Date signed <u>1/21/46</u> DEPUTY MEDICAL EXAMINER WASH. CO., MD. M. D. or other							

RECEIVED  
JAN 24 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 96

## CERTIFICATE OF DEATH

Reg. Dist. No. 306

00951 22

## 1. PLACE OF DEATH:

County Washington  
 City or town Rural, Ringgold Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 72 yrs.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Washington  
 City or town Rural Ringgold Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Hagerstown #5  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

George Henry Dickel

## 3. (b) Social Security Number

0

4. Sex

m.

5. Color or race

w.

6. (a) Single, married, widowed, or divorced

w.

6. (b) Name of husband or wife

Minta Young

7. Birth date of deceased (mo., day, yr.)

July 2, 1873

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

72628

hrs.

min.

9. Birthplace

Waynesboro Pa.  
(Town, county, and state)

10. Usual occupation

Plumber

11. Industry or business

self employed

MOTHER

FATHER

12. Name

Charles H. Dickel

13. Birthplace

Waynesboro Pa.

14. Maiden name

Margaret J. Seigler

15. Birthplace

Smithsburg Md.

16. Informant

Mrs. Harry M. Biskley Jr.

Address

Lancaster Pa.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Feb 2, 1946  
(month) (day) (year)

Cemetery or crematory

Burns Hill

Location

Waynesboro Pa.

18. Funeral director

Walter V. Grove

Address

27 S Church St. Waynesboro Pa

19.

(Date rec'd by registrar)

19 46Geo. W. Ferguson

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 3019 46

at

9 P

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

DURATION

Ruptured aneurysm  
abdominal aorta

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

as above Feb. 1-46

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert S. Wells Deputy Med. Exam.  
Hagerstown Md. Wash. Co. Md.  
M. D. or no  
Address Hagerstown Md. Date signed Feb. 1/46

RECEIVED STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

RECEIVED

FEB 12 1946

BUREAU V B

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 173

Dr. Binkley 0952

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (if outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 Days  
 Hospital, institution, or street address where death occurred:  
Washington Co. Hospital  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (if outside city or town limits, write RURAL and give nearest town)  
 Street No. 438 Summit Ave  
 (If rural, give LOCATION)  
None  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Robert Dobie

## 3. (b) Social Security Number

503-I4-8696

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Gertrude A.  
 6.(c) If alive, give age 55 years  
 7. Birth date of deceased (mo., day, yr.) August 1 1886  
 8. AGE: Years 59 Months 5 Days 29 If less than one day  
hrs. min.

9. Birthplace Hastings Dakota Co. Minn.  
 (Town, county, and state)

10. Usual occupation Supt.

11. Industry or business Soya Corp.

12. Name Robert Dobie

13. Birthplace Glasgow Scotland

14. Maiden name Ellen Ford

15. Birthplace Glasgow Scotland

16. Informant Mrs Gertrude Dobie

Address Hastings Minn.

17. Removal Date thereof 1/31/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hastings Cemetery

Location Hastings Minn.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. Jan 31 19 46 Phyllis Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 19 46, at II M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22 19 46, to Jan 30 19 46, and that I last saw him alive on Jan 30 19 46

Immediate cause of death Supradental ulcer c  
Hemorrhage  
 Due to Thrombosis of mesenteric  
vein to terminal  
 Due to Chronic C. Purgative  
of terminal ileum  
 Other conditions Arterio Sclerosis  
 DURATION ulcer 10 yrs  
48 hrs  
10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations Supradental ulcer. Post ulcer  
adherent to pancreas Date of op. 1/26/46

Autopsy results Thrombosis of mesenteric vein  
 PHYSICIAN: Please underline the cause to which death should be charged artistically

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE B. H. Binkley M.D.  
 Address Hagerstown Md Date signed 1/31/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
FEB 2 1946  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

Dr; Victor Miller 173

00955

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown R # 4  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 Years  
 Hospital, institution, or street address where death occurred:  
Cearfoss  
 How long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Washington  
 City or town... Hagerstown R # 4  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... Cearfoss  
 (If rural, give LOCATION)  
None  
 2.(a) If veteran, name war... None

## 3. (a) FULL NAME

Neal Richard Dorsey

## 3. (b) Social Security Number

163-09-7963

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife... Mabel  
 6.(c) If alive, give age... 42 years  
 7. Birth date of deceased (mo., day, yr.) July 7 1901  
 8. AGE: Years 44 Months 5 Days 28 If less than one day  
 .....hrs. ....min.

9. Birthplace... Broadfording Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation... Meat Cutter

11. Industry or business... American Stores

12. Name... Richard Dorsey

13. Birthplace... Charlton Md.

14. Maiden name... Bessie Gearhart

15. Birthplace... Wilsons Md.

16. Informant... Mrs. Mabel Dorsey

Address... Hagerstown Md. R # 4 Md.

17. Burial Date thereof... 1/8/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Dunkard cemetery

Location... Broadfording Md.

18. Funeral director... Andrew K. Coffman

Address... Hagerstown Md.

19. Jan. 7. 1946 Frank Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... January 5 1946 19 46 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 1, 1945 to Jan 5, 1946  
 and that I last saw him alive on December 29, 1945

Immediate cause of death... Myocarditis. DURATION (?)

Due to... arterio-sclerosis. 21

Due to... ?

Other conditions... ?

(Include pregnancy within 8 months of death)

Major findings of operations... ?

Autopsy results... ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Victor Miller M. D. or other

Address... 131 W. WASHINGTON, ST. Date signed... Jan 6 1946

RECEIVED

JAN 9 1946

BUREAU V A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

## CERTIFICATE OF DEATH

Reg. Dist. No. 00954 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 5 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 333 Ridge Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Cora M. Miller Dowler

## 3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Harvey E. Dowler</u>		
7. Birth date of deceased (mo., day, yr.) <u>January 25, 1876</u>		
6. (c) If alive, give age <u>78</u> years		
8. AGE: Years <u>69</u>	Months <u>0</u>	Days <u>7</u>
If less than one day .....hrs. ....min.		

9. Birthplace Bedford Co. Pa.  
 (Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

FATHER 12. Name Daniel Miller

13. Birthplace Bedford Co. Pa.

MOTHER 14. Maiden name Hester Moser

15. Birthplace Bedford Co. Pa.

16. Informant Harvey E. Dowler

Address Hagerstown, Maryland

17. Burial Date thereof 1-21-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Broadfording Cemetery

Location Broadfording, Maryland

C. M. Suter & Sons

18. Funeral director

Address Hagerstown, Maryland

19. Jan 21 46 Chas. H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1946 at 6:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 16-46 to Jan 18-46 and that I last saw him alive on Jan 18-46 19.....

Immediate cause of death.....

Cerebral Hemorrhage

Due to.....

Due to.....

Other conditions Choleliths

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edw. J. Smith M. D. or other

Address Hagerstown, Md Date signed 1/19/46

RECEIVED

JAN 23 1946

BUREAU V.S.

00955

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH  
is shown on

2411 N. Charles St., Baltimore 92

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

FILM No. 100 FEB 7 1946

## 1. PLACE OF DEATH:

County... Washington  
City or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 Weeks  
Hospital, institution, or street address where death occurred:  
Washington Co. Hospital  
How long in hospital or institution? 4 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Washington  
City or town... Clearspring, Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. ....  
(If rural, give LOCATION)  
2.(a) If veteran, name war .....

## 3.(a) FULL NAME

David Lewis Eichelberger

## 3.(b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
6.(b) Name of husband or wife... Dorothy Eichelberger  
6.(c) If alive, give age ..... years  
7. Birth date of deceased (mo., day, yr.) July 10 1866  
8. AGE: Years 79 Months -80 Days 6 If less than one day  
..... hrs. .... min.

9. Birthplace... Washington County  
(Town, county, and state)  
10. Usual occupation... Laborer  
11. Industry or business  
12. Name... Not Known  
13. Birthplace... Not Known  
14. Maiden name... Not Known  
15. Birthplace... Not Known

16. Informant... Garrett Eichelberger  
Address... Hagerstown, Md

17. Burial... Jan. 29 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory... St Pauls  
Location... Near Clearspring, Md.

18. Funeral director... Snyder-Rowland Funeral Home  
Address... Clearspring, Md.

19. Jan. 28 1946 Charles Bowers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... January 26 1946 at... 7... 00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec 1, 1945 to Jan 26, 1946  
and that I last saw him alive on Jan 26, 1946

Immediate cause of death...  
Ch. Myocardial Sclerosis DURATION 3 yrs.  
Due to...  
Due to...  
Other conditions Arterio Sclerosis 10 yrs.  
(Include pregnancy within 3 months of death)

Major findings of operations... Date of op. ....

Autopsy results...  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide... Date of...  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of Injury Injured at work?

23. SIGNATURE... David R. Brewer M. D. or other  
Address... Clear Spring Md Date signed... 1/27/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 30 1946  
BUREAU V S

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

## 1. PLACE OF DEATH:

County WashingtonCity or town San Mar  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 32 yrs - 5 mo - 18 day  
Hospital, institution, or street address where death occurred:Jahney Memorial HomeHow long in hospital or institution? 32 yrs - 5 mo - 18 day

## 3. (a) FULL NAME

Mary B. Ellis

## 3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Samuel Ellis

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

March - 24 - 1850

8. AGE:

Years

Months

Days

If less than one day

95917

hrs.

min.

9. Birthplace

Newmarket Fred. Co. Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

12. Name

George W. Bailey

13. Birthplace

Frederick Co. Md.

14. Maiden name

Ruth Ann Roberts

15. Birthplace

Frederick Co. Md.

16. Informant

Mrs. W. E. Phillips

Address

33 Evergreen St. Harrisburg Penna

17. Burial

(Burial, cremation, or removal. Which?) Date thereof Jan - 14 - 1946

(month) (day) (year)

Cemetery or crematory

Jahney Cemetery

Location

near Mapleville Md.

18. Funeral director

Wm J. Best & Sons

Address

Boonsboro Md

19. Jan - 14 - 1946

(Date rec'd by registrar) John H. Best Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town San Mar  
(If outside city or town limits, write RURAL and give nearest town)Street No. Jahney Memorial Home

(If rural, give LOCATION)

2. (a) If veteran, name war none

## MEDICAL CERTIFICATION

20. DATE OF DEATH: January 11 19 46 6 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 7 19 46 to January 11 19 46and that I last saw him alive on January 11 19 46

Immediate cause of death

Chronic Myocarditis.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. L. M. D.Address Boonsboro Date signed 1/12/46

MARGIN RESERVED FOR BINDING

VS. A15 9.45-1.1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
JAN 16 1946  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

## CERTIFICATE OF DEATH

00957

★ Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 Years  
 Hospital, institution, or street address where death occurred:  
Hill Crest Home Hagerstown, Md.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 428 West Washington St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Helen Emmert

## 3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
6. (b) Name of husband or wife		
6. (c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>January 31, 1857</u>		
8. AGE: Years <u>89</u>	Months <u>11</u>	Days <u>17</u> If less than one day _____ hrs. _____ min.

9. Birthplace Washington Co. Maryland.  
 (Town, county, and state)  
 10. Usual occupation Housework  
 11. Industry or business Home  
 12. Name John Emmert  
 13. Birthplace Maryland  
 14. Maiden name Louisa U. Burkhart  
 15. Birthplace Maryland

16. Informant Mrs. Adrian Underdunk  
 Address St. James Md.

17. Burial Date thereof Jan. 20, 1946  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Manor Cemetery  
 Location Manor

18. Funeral director F. W. Kraiss  
 Address Hagerstown, Md.

19. Jan. 20, 1946 Clayton Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17-46 19\_\_\_\_ at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw her alive on 1-17-46 19\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
Congestive Heart Failure 1 yr.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Hypertension 10 yrs.  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_  
 \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Clayton Bowers M. D. or other \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

TO : SAC, NEW YORK

FROM : SAC, NEW YORK

SUBJECT: [illegible]

RE: [illegible]

RECEIVED  
JAN 22 1946  
BUREAU V.S.

*Continued*

FEDERAL BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 342

## CERTIFICATE OF DEATH

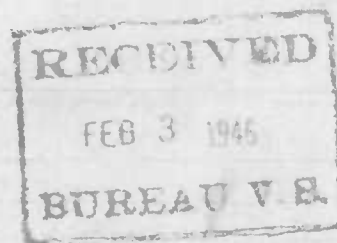
Reg. Dist. No.

00958

6

304

<b>1. PLACE OF DEATH:</b> County..... <u>Washington</u> City or town..... <u>Hancock</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Two Years</u> Hospital, institution, or street address where death occurred: _____ How long in hospital or institution?.....				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Washington</u> City or town..... <u>Hancock</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....			
<b>3. (a) FULL NAME</b> <u>Richard Wilber Everitt</u>				<b>3. (b) Social Security Number</b> <u>NONE</u>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Single</u>		<b>MEDICAL CERTIFICATION</b>	
<b>6. (b) Name of husband or wife</b> _____				<b>20. DATE OF DEATH</b> <u>January 31</u> 19 <u>46</u> at <u>5:00 AM</u>			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>October 1 1943</u>				<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Jan 31 1946</u> to <u>Jan 31 1946</u> and that I last saw him <u>alive on Jan 31 1946</u>			
<b>8. AGE:</b> Years <u>2</u> Months <u>3</u> Days <u>29</u> If less than one day _____ hrs. _____ min.		<b>6. (c) If alive, give age</b> _____ years		<b>Immediate cause of death</b> <u>Cardiac Failure</u>		<b>DURATION</b>	
<b>9. Birthplace</b> <u>Hancock, Md.</u> (Town, county, and state)				Due to.....			
<b>10. Usual occupation</b> <u>Infant</u>				Due to.....			
<b>11. Industry or business</b>				Other conditions.....			
<b>12. Name</b> <u>Wilber Everitt</u>				(Include pregnancy within 3 months of death)			
<b>13. Birthplace</b> <u>Washington Co.</u>				<b>Major findings of operations</b> .....			
<b>14. Maiden name</b> <u>Maxine Hoopengardner</u>				Date of op.....			
<b>15. Birthplace</b> <u>Berkley Spring WVa.</u>				<b>Autopsy results</b> .....			
<b>16. Informant</b> <u>Wilber Everitt</u>				<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
Address <u>Hancock, Md.</u>				<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>			
<b>17. Burial</b> Date thereof <u>Feb. 3 1946</u> (Burial, cremation, or removal. Which?) (month) (day) (year)				Accident, suicide, or homicide..... Date of.....			
Cemetery or crematory <u>River View Cemetery</u>				Where did injury occur? (City or town) (County) (State)			
Location <u>Hancock, Md.</u>				Injured at home, farm, industry, public place (where?)			
<b>18. Funeral director</b> <u>Snyder-Rowland</u>				Means of injury Injured at work?			
Address <u>Hancock, Md.</u>				<b>23. SIGNATURE</b> <u>J. M. Shaffer</u> M. D. or other			
Date rec'd by registrar <u>February 2-45</u> Registrar <u>John Heller</u>				Address <u>Hancock, Md.</u> Date signed <u>1/31/46</u>			



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

## CERTIFICATE OF DEATH

Reg. Dist. No. 00959 302

### 1. PLACE OF DEATH:

County Washington  
City or town near Hagerstown - Rural -  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Hagerstown Md R. 3  
How long in hospital or institution? at home

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town near Hagerstown - Rural -  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Hagerstown Md R. 3  
(If rural, give LOCATION)  
2.(a) If veteran, name war none

### 3. (a) FULL NAME

Donald Lee Jalty

### 3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife Single 6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) December - 4 - 1945

8. AGE: Years \_\_\_\_\_ Months 1 Days 20 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace near Hagerstown Wash. Co. Md.  
(Town, county, and state)

10. Usual occupation none

11. Industry or business at home

12. Name Ralph Jalty

13. Birthplace Emmitsburg Penna

14. Maiden name Mary Bowers

15. Birthplace Beaver Creek Wash. Co. Md.

16. Informant Mr. Ralph Jalty

Address Hagerstown Md. R. 3.

17. Burial Date thereof Jan - 26 - 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Beaver Creek Cemetery

Location Beaver Creek Md.

18. Funeral director Wm. J. Bart & Sons

Address Bovonsburg Md.

19. Jan 25 19 46 Chas H. Bowers  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24, 19 46 at about M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Due to Broncho pneumonia 24hrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John H. Wells DEPUTY MEDICAL EXAMINER

Address Hagerstown, Md WASH. CO., MD.

Date signed Jan 25/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 28 1946

BUREAU



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 734

Dr. Ditt 60

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 MonthsHospital, institution, or street address where death occurred:  
Middleburg Pike

How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. Middleburg Pike  
(If rural, give LOCATION)2(a) If veteran, name war None

## 3. (a) FULL NAME

Mrs Harrett Malinda Gordon

## 3. (b) Social Security Number

None4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife William B.6. (c) If alive, give age 80 years7. Birth date of deceased (mo., day, yr.) Sept 17 18658. AGE: Years 80 Months 3 Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace State Line Franklin Co. Pa.  
(Town, county, and state)10. Usual occupation House Wife11. Industry or business Own Home12. Name Henry Rummell13. Birthplace State Line Pa.14. Maiden name No Record15. Birthplace No Record16. Informant Mrs Chas. MullenixAddress Hagerstown, Md.17. Burial Date thereof I/4/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Jan. 2, 46 Registrar Chas. H. Brown

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 19 46, at 10:10 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 - 4/46 to Jan 1 - 4/46and that I last saw him alive on Jan 1 - 4/46 19 46

Immediate cause of death \_\_\_\_\_

DURATION

Due to Ch. Myocarditis 6 yrsDue to arteriosclerosis

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Dr. Ditt M. D. or other \_\_\_\_\_Address Hagerstown Md. Date signed 1/4/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 4 1946

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-21

## CERTIFICATE OF DEATH

Reg. Dist. No. 00961 3025

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County

City or town

Street address, hospital, or institution

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

Washington

Hagerstown

Washington Co. Hosp.

30 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Ward No.

Street No.

(If rural give LOCATION)

Penn.

Franklin

Mercersburg

(If outside city or town limits, write RURAL NEAR and give town)

2(a) IF VETERAN, NAME WAR

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

6. (c) If alive, give age

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

46

6

East

Bowers

19

46

6

East

Bowers

Registrar

Lula Grace Guss

none

Fem.

White

Married

U. A. Guss

Feb. 8, 1881

64

11

7

hrs.

min.

Franklin Co., Pa.

(Town, county, and state)

House wife

B. F. Foreman

Franklin Co., Pa.

Jennie S. Rockey

Rev. C. A. Guss

Mercersburg, Pa. R. 2

Burial

Date thereof

Jan. 18, 1946

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

Franklin Co., Mercersburg, Pa.

F. H. Linniger

Mercersburg, Pa.

Jan. 15, 1946

(Date rec'd by registrar)

46

6

East Bowers

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 15

19

46, at 5:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 27

19

45, to Jan 15,

19

46,

and that I last saw him alive on

Jan 15

19

46.

Immediate cause of death

Carcinoma of Colon  
with Metastases to  
Liver & Lungs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Carcinoma of Colon  
with Liver Metastases.

Of autopsy

none

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Richard V. Hauer, M.D.

M. D. or other

Hagerstown, Md

Date signed

Jan 15, 46

## DURATION

Cancer

## PHYSICIAN

Please underline  
the cause to which  
death should be  
charged statisti-  
cally.

DEATH CERTIFICATE

RECEIVED

JAN 17 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

## CERTIFICATE OF DEATH

Reg. Dist. No. 301

### 1. PLACE OF DEATH:

County... Washington County  
City or town... Williamsport, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 61 yrs  
Hospital, institution, or street address where death occurred:  
25 S. Vermont St. Williamsport Md.  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... Maryland County... Washington  
City or town... Williamsport, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 25 S. Vermont St. Williamsport  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Mr. Martin Luther Halbach

### 3. (b) Social Security Number

220-099-094

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife Single

7. Birth date of deceased (mo., day, yr.) July 5 1884 6. (c) If alive, give age years

8. AGE: Years 61 Months 6 Days 20 If less than one day hrs. min.

9. Birthplace Williamsport, Maryland  
(Town, county, and state)

10. Usual occupation Mechanic in Garage

11. Industry or business Seymores Garage

FATHER 12. Name John G. Halbach  
13. Birthplace Sharpsburg Md.

MOTHER 14. Maiden name Martha Harris  
15. Birthplace Sharpsburg Md.

16. Informant Mr. Roy Hoover (Nephew)  
Address Williamsport, Md.

17. Burial Date thereof Jan. 28 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Riverview Cemetery  
Williamsport, Maryland  
Location

18. Funeral director Edith V. Leaf  
Address Williamsport, Md.

19. Jan 28 46 Registrar Miss E. L. M. Elroy  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 19 46 at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death

Coronary occlusion

### DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Robert Wells Deputy Medical Exam. Work Co.  
M. D. or Sec.

Address Williamsport, Md. Date signed Jan 27/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-4. 1

RECEIVED  
JAN 31 1946  
BUREAU V.N.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

## CERTIFICATE OF DEATH

Reg. Dist. No.

00963

301

## 1. PLACE OF DEATH:

County... Washington County  
 City or town... Williamsport, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 13 yrs  
 Hospital, institution, or street address where death occurred:  
Conococheague St.  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Washington  
 City or town... Williamsport, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... Conococheague St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mr. Harry Luther Harsh

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Anna K George Harsh  
 6.(c) If alive, give age 72 years  
 7. Birth date of deceased (mo., day, yr.) Oct. 6 1869  
 8. AGE: Years 76 Months 3 Days 25 If less than one day .....hrs. ....min.

9. Birthplace Halfway Maryland  
 (Town, county, and state)  
 10. Usual occupation Carpenter  
 11. Industry or business General Wood worker  
 12. Name Jacob B Harsh  
 13. Birthplace Williamsport RFD Maryland  
 14. Maiden name Amelia Zellers  
 15. Birthplace Williamsport, Md. RFD

16. Informant Anna K. George Harsh  
 Address Conococheague St. Williamsport Md.  
 17. Burial Date thereof Feb. 2 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Riverview Cemetery  
Williamsport, Md.  
 Location .....

18. Funeral director Edith V Leaf  
 Address #7 Church St. Williamsport, Md.  
 19. Feb 2 19 46 Mrs E L M. Choy  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31/46 19 46 at 4A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/15/46 19 46 to 1/31/46 19 46  
 and that I last saw him live on 1/31/46  
 Immediate cause of death Cerebral Epilepsy  
 DURATION 38 days  
 Due to .....  
 Due to .....  
 Other conditions .....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide..... Date of .....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE R F Young  
 M. D. or other  
 address Williamsport, Md Date signed 2/1/46



RECEIVED  
FEB 5 1946  
BUREAU V S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 182

## CERTIFICATE OF DEATH

Reg. Dist. No. 304

### 1. PLACE OF DEATH:

County Washington  
City or town Rural - Hancock Route 1  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Rural, Hancock Route 1  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Charlene Sue Hendershot

### 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1945

8. AGE: Years Months Days If less than one day  
- 2 8 hrs. min.

9. Birthplace Hancock Route 1, Wash. Co., Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name James Hendershot

13. Birthplace Lashley, Penna.

14. Maiden name Eva Shaffer

15. Birthplace Mountain Lake Park, Md.

16. Informant James Hendershot

Address Hancock, Route 1, Md.

17. Burial Date thereof Jan. 24, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Buck Valley Christian Ch. Cem.

Location Buck Valley, Penna.

18. Funeral director Charles R. Bast

Address Hancock, Md.

19. Jan. 23 46 Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1946 5 A. M

21. I CERTIFY that death occurred on the date above stated; that it attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death

Infection

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide

Where did injury occur Hancock Wash and RD #1  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Smothered in bed Other

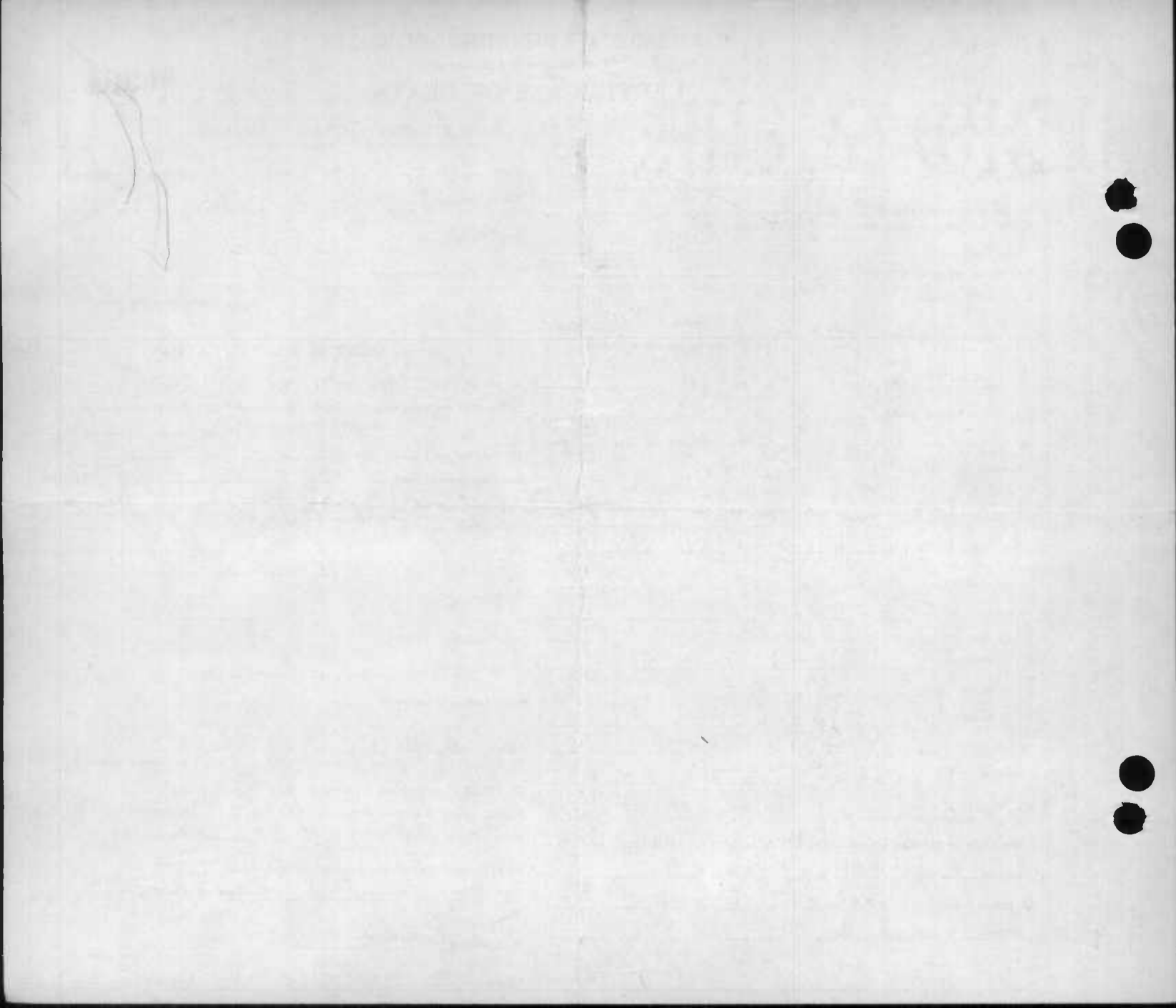
23. SIGNATURE Robert Wells M. D. or other

Address Hagerstown, Md Date signed Jan. 23/46

MARGIN RESERVED FOR BINDING

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

## CERTIFICATE OF DEATH

00965

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 60 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 827 Oak Hill Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Louise I. Hickman

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow  
 6.(b) Name of husband or wife John E. Hickman  
 7. Birth date of deceased (mo., day, yr.) July 15, 1859 6.(c) If alive, give age..... years  
 8. AGE: Years 86 Months 5 Days 20 If less than one day..... hrs. .... min.

9. Birthplace Clearspring, Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Housework  
 11. Industry or business

FATHER 12. Name William Gardner  
 13. Birthplace Not Known  
 MOTHER 14. Maiden name Elizabeth Hershey  
 15. Birthplace Wash. Co. Md.

16. Informant William Hickman  
 Address Harrisburg, Pa.

17. Burial Date thereof 1-6-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
Hagerstown, Maryland  
 Location

18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland

19. Jan. 6, 46 Registrar Charles H. Bowser  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 19 46 at 11 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 19 45 to 1/4 19 46  
 and that I last saw h. av. alive on 1/4 - - 19 46

Immediate cause of death Chronic Endocarditis  
Arterio Sclerosis DURATION

Due to.....  
 Due to.....  
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE V. Ch. Duick M. D. or other  
DR. VICTOR D. MILLER  
 Address 131 W. WASHINGTON, ST. Date signed 1/4 1946

200-40

EDWARD W. MONTAGNA JR. DIRECTOR

54 EAST 57 ST. NEW YORK 22, N.Y.

FOURTH STREET, NEW YORK

RECEIVED

JAN 8 1940

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1222)

## CERTIFICATE OF DEATH

Reg. Diat. No. 00966 316

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Rural--Keedysville  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Jesse Samuel Hill

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Sarah Maud Hill

7. Birth date of deceased (mo., day, yr.)

June 5, 1898

6. (c) If alive, give age..... years

8. AGE:

Years  
47Months  
7Days  
16

If less than one day

..... hrs. .... min.

9. Birthplace

Beaver Creek-Wash.-Maryland  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Glaze Apple OrchardFATHER  
MOTHER

12. Name

Jesse Berry Hill

13. Birthplace

Beaver Creek-Md.

14. Maiden name

Ella Mae McCauley

15. Birthplace

Unknown

16. Informant

Mrs. Sarah M. Hill

Address

Keedysville, Md. R. F. D.

17.

Burial

Date thereof

1 24 1946  
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

National

Location

Sharpsburg, Maryland

18. Funeral director

R. I. Earnshaw

Address

Keedysville, Md19. Jan 24 1946  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Rural Keedysville  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

World War I

## 3. (b) Social Security Number

213-12-7020

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Jan 21 19 46, at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 1946 to Jan 21 1946and that I last saw him... alive on Jan 20 1946

Immediate cause of death

Acute Intestinal Obstruction

DURATION

14 hoursDue to Intussusception of intestine. Sigmoid  
not due to cancer.

Due to

Other conditions

Chronic Myocarditis1 year

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert M. Hill, M.D.

M. D. or other

Address

Beaver Creek, Md

Date signed

1/22/46

RECEIVED  
JAN 25 1946  
BUREAU V.R.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... 15 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution?... 4 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 17 Elizabeth Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

William Edward Holsinger

## 3. (b) Social Security Number

214-09-1379

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower  
 6.(b) Name of husband or wife Minnie J. Holsinger  
 7. Birth date of deceased (mo., day, yr.) June 29, 1882  
 8. AGE: Years 63 Months 6 Days 5 If less than one day ..... hrs. .... min.

9. Birthplace... Broadway, Virginia  
 (Town, county, and state)  
 10. Usual occupation... Carpenter  
 11. Industry or business.....

FATHER 12. Name... Abraham Holsinger  
 13. Birthplace... Broadway, Virginia  
 MOTHER 14. Maiden name... Martha Ellen Wilt  
 15. Birthplace... Broadway, Virginia

16. Informant... John K. Clem  
 Address... Hagerstown, Maryland

17. Burial Date thereof... 1-5-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Comotory or crematory... Broadfording Cemetery  
Broadfording, Maryland  
 Location.....

18. Funeral director... L. F. Reeher  
 Address... Funkstown, Maryland

19. Jan 4 46 Pharrell Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... 3 January 19 46 at 4:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 December 19 45 to 3 January 19 46  
 and that I last saw him alive on 29 January 19 46

Immediate cause of death... Coronary thrombosis  
 DURATION 2 mo

Due to.....

Due to.....

Other conditions... Sensitivity

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE... William J. Layman, M.D.

Address... 100 Congress Street, Baltimore Date signed... 5/2/46

RECEIVED  
JAN 7 1946  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 00968 303

## 1. PLACE OF DEATH:

County Washington  
 City or town Big Spring Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Big Spring Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William Frank Hull

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Virgie E. Hull  
 7. Birth date of deceased (mo., day, yr.) Jan. 6 - 1889 6. (c) If alive, give age 54 years  
 8. AGE: Years 56 Months 11 Days 24 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Washington Co.  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Hull

13. Birthplace Washington Co.

14. Maiden name Mollie Eichelberger

15. Birthplace Washington Co.

16. Informant Mrs. Virgie E. Hull

Address Big Spring Rural

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Jan 5 1946  
 (month) (day) (year)

Cemetery or crematory St. Pauls

Location Near Clear Spring Md

18. Funeral director Snyder - Rowland

Address Clear Spring, Md

19. Jan 5 19 46 Joseph W. Murray  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 19 46, at 5:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 46, to Jan 2 19 46, and that I last saw him alive on Jan 1 19 46.

Immediate cause of death Myopathic Atrophy DURATION 5 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Acute Bronchitis 3 days

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE David P. Brewer M.D. M. D. or other \_\_\_\_\_

Address Clear Spring Md Date signed 1/4/46

RECEIVED  
JAN 8 1946  
BUREAU V.E.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00969

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Life  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 402 Mitchell Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Cody McCellan Kline

## 3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Single  
 6.(b) Name of husband or wife.....  
 7. Birth date of deceased (mo., day, yr.)..... Dec. 23, 1921  
 8. AGE: Years..... 24 Months..... 1 Days..... 3 If less than one day..... hrs. .... min.

9. Birthplace..... Hagerstown, Md.  
 (Town, county, and state)  
 10. Usual occupation..... House painter  
 11. Industry or business.....

FATHER 12. Name..... Edward L. Kline  
 13. Birthplace..... Maryland  
 MOTHER 14. Maiden name..... Minnie Kline  
 15. Birthplace..... Maryland  
 16. Informant..... Edward L. Kline  
 Address..... Hagerstown, Md.

17. Burial..... Date thereof..... Jan. 29, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... Rose Hill Cemetery  
 Location..... Hagerstown, Maryland.  
 18. Funeral director..... F. W. Kraiss  
 Address..... Hagerstown, Maryland.

19. Jan. 29 19 46 Phas H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jan. 26, 1946 9:30 A.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19.....  
 and that I last saw him..... alive on..... 19.....  
 Immediate cause of death.....

DURATION.....  
Fractured skull 6 hrs  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....  
 Autopsy results..... no  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... accident Date of..... Jan. 26/46  
 Where did injury occur?..... Hagerstown Wash red  
 (city or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)..... Virginia ave.  
 Means of injury..... Auto overturned Injured at work?..... no

23. SIGNATURE..... Phas H. Bowers DEPUTY MEDICAL EXAM.  
 Address..... Hagerstown, Md. WASH. CO., MD.  
 Date signed..... Jan. 27/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
1911-31-1916  
BUREAU V.E.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? Three Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 125 Randolph Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Clarine Knott

3. (b) Social Security Number  
214-09-2581

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife John C. Knott  
 6. (c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) Dec. 9, 1887  
 8. AGE: Years 58 Months 0 Days 30 If less than one day ..... hrs. .... min.

9. Birthplace Hagerstown, Wash., Md.  
 (Town, county, and state)  
 10. Usual occupation Emp. Southern Shoe Factory

## 11. Industry or business

FATHER 12. Name George H. Duffy  
 13. Birthplace Hagerstown, Md.  
 MOTHER 14. Maiden name Elizabeth Sayles  
 15. Birthplace Hagerstown, Md.

16. Informant George E. Knott  
 Address Hagerstown, Md.

17. Burial Date thereof Jan. 11, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Hagerstown, Md.

18. Funeral director F. W. Kraiss  
 Address Hagerstown, Md.

19. Jan. 12, 46 Beast/Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8, 1946 19 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to ..... 19 .....  
 and that I last saw him ..... alive on ..... 19 .....

Immediate cause of death.....

Fractured femur (simple rt) Dec 14/45  
 Due to Colle's fracture (rt)

Due to Thrombosis rt internal iliac vein  
acute pulmonary embolism

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Dec 14/45  
accident

Accident, suicide, or homicide..... Date of .....  
 Where did injury occur? Hagerstown, Wash., Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) N. mulberry St.Means of injury fell on icy street Injured at work?

23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAMINER  
Hagerstown, Md. WASH. CO., MD.  
 Address ..... M. D. ....  
 Date signed 1/10/46



RECEIVED

JAN 15 1946

BUREAU V

ARTESIAN LEADER

THE CONTENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 303

## 1. PLACE OF DEATH:

County Washington  
 City or town Clearspring  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 Years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Clearspring  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Lydia E. Keeps

## 3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 8. (b) Name of husband or wife John D. Kreps  
 7. Birth date of deceased (mo., day, yr.) Sept. 3 1861  
 8. AGE: Years 84 Months 4 Days 27 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Washington Co.  
 (Town, county, and state)

10. Usual occupation Home Work

## 11. Industry or business

FATHER 12. Name David H. Shank

13. Birthplace Washington Co.

MOTHER 14. Maiden name Lydia Rowland

15. Birthplace Washington Co.

16. Informant Miss. Lucie Shank  
 Address Hagerstown, Md.

17. Burial Date thereof Feb. 2 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill

Location Near Clearspring, Md.

18. Funeral director Snyder-Rowland

Address Clearspring, Md.

19. Feb 2 19 46 Joseph Murray  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 19 46 at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11 19 45 to Jan. 30 19 46  
 and that I last saw her alive on Jan. 30 19 46

Immediate cause of death \_\_\_\_\_  
Hypertensive Hemiplegia  
Pneumo-Pneumonia  
General Debility  
 Due to \_\_\_\_\_

## DURATION

2 days.

Due to SENILITY

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations None  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Arthur Robert Cohen M. D. Physician

Address Clearspring Md Date signed 2/1/46

RECEIVED  
FEB 5 1946  
BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18-0)

## CERTIFICATE OF DEATH

00973302  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Washington  
 City or town Bethesda  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 12 days  
 Hospital, institution, or street address where death occurred:  
Wash. Co. Hospital  
 How long in hospital or institution? 12 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Bethesda  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. N. Main St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Susan Ardella Lakin

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife David D. Lakin

6. (c) If alive, give age \_\_\_\_\_ year

7. Birth date of deceased (mo., day, yr.) May 2 - 1870

8. AGE: Year 75 Month 8 Day 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace near Bethesda Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own Home

12. Name John Hoffman

13. Birthplace Bethesda Wash. Co. Md.

14. Maiden name Margaret Morgan

15. Birthplace Myersville Fred. Co. Md.

16. Informant Mrs. J. V. Kerns

Address Bethesda Md.

17. Burial Date thereof February 2, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethesda Cemetery

Location Bethesda Md.

18. Funeral director Wm. J. Bart & Sons

Address Bethesda Md.

19. Feb. 1, 1946 Registrar Chas. H. Bowers  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1946 at 11:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 1946 to Jan 30 1946 and that I last saw him alive on Jan 30 1946

Immediate cause of death Lobar Pneumonia

## DURATION

4 days

Due to intercostal fracture of left femur

12 days

Due to Fell when getting out of bed

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE J. Hubert Wade

M. D. or other \_\_\_\_\_

Address Bethesda Md. Date signed 1/31/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 3 1946

BUREAU V.S.



UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JAN 15 1946

BUREAU

(Mr Wade)



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1912)

## CERTIFICATE OF DEATH

00974

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 yr.  
 Hospital, institution, or street address where death occurred:  
Washington Co. Hospital  
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 425 North Jonathan St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Miss Sidney V. Lee.

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 1904

6. (c) If alive, give age years

8. AGE:

42

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Charles-town, W. Va.  
(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

FATHER

12. Name

Augustus Lee

13. Birthplace

Charles-town W. Va.

MOTHER

14. Maiden name

Kate Cooper

15. Birthplace

Charles-town

16. Informant

Henry Washington

Address

425 North Jonathan St.

17.

(Burial, cremation, or removal. Which?)

Date thereof Jan 22-1946  
(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown Md.

18. Funeral director

Wm H Downey

Address

291 Frederick St.

19.

Date rec'd by registrar

Jan 22 1946Chas. Flowers  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 19 Jan 46 at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18 Jan 46 to 19 Jan 46and that I last saw him alive on 18 Jan 46

Immediate cause of death

Myocardial Infarction

DURATION

2 days

Due to

Due to

Other conditions

Adipose, brains

Major findings of operations

Myocardial Infarction

Major findings of operations

Myocardial Infarction

Date of op.

Autopsy results

As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W H Downey

M. D. or other

Address

102 N. Frederick St. Hagerstown Md.

Date signed

22 Jan 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-1-34 100-1-34  
100-1-34 100-1-34  
100-1-34 100-1-34  
100-1-34 100-1-34

RECEIVED  
JAN 24 1946  
BUREAU V.E.

100-1-34 100-1-34  
100-1-34 100-1-34  
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100-1-34 100-1-34

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 401 Ridge Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Roy E. Lorshbaugh

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Ethel Lorshbaugh7. Birth date of deceased (mo., day, yr.) Sept. 4, 1907

6. (c) If alive, give age years

8. AGE: Years 38 Months 4 Days 21 If less than one day  
hrs. min.9. Birthplace Hagerstown, Md.  
(Town, county, and state)10. Usual occupation Emp. Hagerstown Shoe Co.

## 11. Industry or business

12. Name Ross Lorshbaugh13. Birthplace Maryland14. Maiden name Sofa Shaffer15. Birthplace Maryland16. Informant Mrs. Ethel LorshbaughAddress Hagerstown, Md.17. Burial Date thereat Jan. 29, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director F. W. KraissAddress Hagerstown, Md.19. Jan 29 1946 Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26, 1946 3:21 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/22/46 to 1/26/46and that I last saw him alive on 1/25-1/26/46

Immediate cause of death

Acute PericarditisDue to PericarditisDue to Admitted to Hospital 8 PMDied 3:21 A.M.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. J. Kriess

M. D. or other

Address Hagerstown, Md. Date signed 1/27/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 31 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 81 years  
 Hospital, institution, or street address where death occurred:

Hillcrest Convalescing Home

How long in hospital or institution? 4 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 131 High Street  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Everhart Loudenslager

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

8.(b) Name of husband or wife Elizabeth Loudenslager

7. Birth date of deceased (mo., day, yr.) April, 22, 1864  
 8.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 81 Months 8 Days 13 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Hagerstown Wash. Co., Md.  
 (Town, county, and state)

10. Usual occupation Concrete contractor

11. Industry or business

12. Name Everhart Loudenslager13. Birthplace Germany14. Maiden name Elizabeth15. Birthplace Germany

16. Informant John E. Loudenslager  
 Address 131 High Street- Hagerstown, Md.

17. Burial Date thereof Jan. 7-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.

18. Funeral director Fred W. Kraiss  
 Address Hagerstown, Md.

19. Jan 7 46 Chas H Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1946 19 6:35 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 1945 to Jan 4 1946  
 and that I last saw him alive on Jan 1 1946

Immediate cause of death

Cor. Reptures -

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fred W. Kraiss M. D. or otherAddress Hagerstown, Md. Date signed 1/7/46

MINISTRE DES TRAVAUX PUBLICS

MINISTRE DES TRAVAUX PUBLICS

RECEIVED

JAN 9 1946

BUREAU V



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of sex is shown on

FILM No. I 00 JAN 18 1946

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: **Washington**  
 County.....  
 City or town.....**Hagerstown**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....**Life**  
 Hospital, institution, or street address where death occurred:  
**Washington County Hospital**  
 How long in hospital or institution?.....**6 Days**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
**Maryland** **Washington**  
 State.....**Washington** County.....  
 City or town.....**Hagerstown**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **838 West Washington**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

### 3. (a) FULL NAME

**William Manious**

### 3. (b) Social Security Number

**214-09-8283**

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced  
 6.(b) Name of husband or wife **Elsie M. Manious**  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) **May 19, 1886**  
 8. AGE: Years **59** Months **7** Days **21** If less than one day  
 .....hrs. ....min.

9. Birthplace **Hagerstown, Md.**  
 (Town, county, and state)  
 10. Usual occupation **Finisher**  
 11. Industry or business **Furniture factory**  
 12. Name **John Manious**  
 13. Birthplace **Lancaster, Penna.**  
 14. Maiden name **Indinia Eickelberger**  
 15. Birthplace **Maryland**  
 16. Informant **Elsie Manious**  
 Address **Hagerstown**

17. Burial **Jan. 11, 1946**  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
 Cemetery or crematory **Rose Hill Cemetery**  
 Location **Hagerstown**  
 19. Funeral director **Fred W. Kraiss**  
 Address **Hagerstown**  
 19. (Date rec'd by registrar) **Jan. 12, 46** **Phas H Bowers** Registrar

### MEDICAL CERTIFICATION

**1:30**

20. DATE OF DEATH **January 9th** 19 **46** at **A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **5-1-45** 19..... to **1-9-46** 19.....  
 and that I last saw him alive on **1-7-46** 19.....

Immediate cause of death.....  
**Congestive Heart Failure**  
 DURATION.....

Due to.....  
 Due to.....

Other conditions **Heart block** **8 mos.**  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:  
 Accident, suicide, or homicide..... Date of .....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury..... Injured at work?

23. SIGNATURE **Phas H Bowers** M. D. or other  
 Address **Hagerstown** Date signed **1-9-46**



RECEIVED  
JAN 15 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

## CERTIFICATE OF DEATH

Dr. Layman

159

00978

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... WashingtonCity or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 DayHospital, institution, or street address where death occurred:  
Washington County HospitalHow long in hospital or institution? 1 Day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No... 1014 Corbett St.  
(If rural, give LOCATION)2.(a) If veteran, name war... None

## 3. (a) FULL NAME

Franklin David Martin

## 3. (b) Social Security Number

216 - 14 - 6831

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

DivorcedB.(b) Name of husband or wife... Mary7. Birth date of deceased (mo., day, yr.) May 15 1880

6.(c) If alive, give age... years

8. AGE: Years Months Days If less than one day  
65 7 26 ...hrs. ...min.9. Birthplace... Middleburg Wash. Co. Md.  
(Town, county, and state)10. Usual occupation... Laborer11. Industry or business... Hagerstown Rubber Co.12. Name... David H. Martin13. Birthplace... Cearfoss Md.14. Maiden name... Mary L. Eshleman15. Birthplace... Middleburg Md.16. Informant... Preston MartinAddress... Big Springs Md.17. Burial Date thereof... 1/3/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Cedar Grove cemeteryLocation... near Cearfoss Md.18. Funeral director... Andrew K. CoffmanAddress... Hagerstown Md.19. Jan. 2, 1946 Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

P

20. DATE OF DEATH... January 1 1946 19... at... 12.10 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
30 DEC 19... 45 to... JAN 19... 46  
and that I last saw him alive on... JAN 19... 46Immediate cause of death... PNEUMONIA, LOBAR,  
LEFT BASE DURATION 2 DAYSDue to... PNEUMOCOCCUS

Due to...

Due to...

Other conditions... ACUTE ALCOHOLISM (?)

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... William D. Layman M. D. or otherAddress... 110 Professional Bldg. Date signed... 2 Days

RECEIVED  
JAN 4 1946  
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

00979 302  
Reg. Dist. No.

<b>1. PLACE OF DEATH:</b> County... <u>Washington</u> City or town... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>4 Days</u> Hospital, institution, or street address where death occurred: <u>Washington Co. Hospital</u> How long in hospital or institution? <u>4 Days</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Washington</u> City or town... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No... <u>1050 Pope Ave</u> (If rural, give LOCATION) 2.(a) If veteran, name war... <u>No</u>			
<b>3. (a) FULL NAME</b> <u>Mrs. Lizzie McCormick Martin</u>				<b>3. (b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>		<b>6.(a) Single, married, widowed, or divorced</b> <u>Widowed</u>			
<b>6.(b) Name of husband or wife</b> <u>Robert</u>				<b>6.(c) If alive, give age</b> ... years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Sept. 13, 1877</u>				<b>8. AGE:</b> Years <u>68</u> Months <u>4</u> Days <u>16</u> if less than one day <u>hrs.</u> <u>min.</u>			
<b>9. Birthplace</b> <u>Tilghmanton Wash. Co. Md.</u> (Town, county, and state)				<b>10. Usual occupation</b> <u>House Wife</u>			
<b>11. Industry or business</b> <u>Own Home</u>				<b>12. Name</b> <u>William Staubs</u>			
<b>13. Birthplace</b> <u>Tilghmanton. Maryland</u>				<b>14. Maiden name</b> <u>Charlette Moats</u>			
<b>15. Birthplace</b> <u>Tilghmanton. Maryland</u>				<b>16. Informant</b> <u>Samuel McCormick</u> Address <u>Hagerstown. Maryland</u>			
<b>17. Burial</b> (Burial, cremation, or removal. Which?) Cemetery or crematory <u>Manor Cemetery</u> Location <u>Near Tilghmanton, Maryland</u> <b>18. Funeral director</b> <u>Andrew K. Coffman</u> Address <u>Hagerstown, Maryland.</u>				<b>20. DATE OF DEATH</b> <u>Jan 29 1946</u> at <u>7 P.</u> M			
<b>19. Date rec'd by registrar</b> <u>Jan 31 1946</u>				<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Jan 16 1946</u> to <u>Jan 28 1946</u> and that I last saw him/her alive on <u>Jan 28 1946</u> <b>Immediate cause of death</b> <u>Thrombosis Coronary Artery</u> <b>DURATION</b> <u>18 yrs</u>			
<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide... Date of... Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?				<b>23. SIGNATURE</b> <u>Wm Allan Brown</u> Address <u>150 N. Main</u> Date signed <u>Feb 21 1946</u>			

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 2 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age and birth date of deceased is shown on

Evidence for change of age and birth date of deceased is shown on

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

00980

190

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

No. 104 JUN - 6 1946

## 1. PLACE OF DEATH:

County... Washington

City or town... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Isabelle Mason

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Walter Mason

7. Birth date of deceased (mo., day, yr.)

February 1885

8. AGE:

Years 68/63 Months 11 Days - If less than one day

9. Birthplace

Charlestown W. Va.

10. Usual occupation

Housewife

11. Industry or business

Frank Johnson

12. Name

Charlestown, W. Va.

13. Birthplace

Mary Johnson

14. Maiden name

Charlestown W. Va.

15. Birthplace

Walter Mason

16. Informant

134 1/2 W. North Street

17. Burial

Date thereof Jan 22 1946

Cemetery or crematory

Cemetery

Location

Charlestown W. Va.

18. Funeral director

Wm H Downey

Address

Frederick Street

19. Date rec'd by registrar

Jan 18 1946

Registrar

Hagitt Broward

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

Street No. 134 1/2 W. North Street

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1946 at 7/30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

chr. myocarditis

DURATION 2yrs

acute ventricular fibrillation

DUE TO

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work? MEDICAL EXAM.

23. SIGNATURE S. Robert Wells WASH. CO., MD.

Address Hagerstown, Md. Date signed 1/19/46

RECEIVED  
JAN 22 1946  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-20

## CERTIFICATE OF DEATH

Dr. S. Earl Young 200  
00982

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 3 Days  
Hospital, institution, or street address where death occurred:  
Washington County Hospital  
How long in hospital or institution? 3 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 613 West Washington St  
(If rural, give LOCATION)  
2. (a) If veteran, name war None

## 3. (a) FULL NAME

Donald Milford McCauley Jr.

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
6. (b) Name of husband or wife --  
7. Birth date of deceased (mo., day, yr.) January 21 1946 6. (c) If alive, give age -- years  
8. AGE: Years - Months - Days 3 If less than one day hrs. min.

9. Birthplace Hagerstown Wash. Co. Md.  
(Town, county, and state)10. Usual occupation None11. Industry or business -

12. Name Donald M. McCauley  
13. Birthplace Hagerstown Md.

14. Maiden name Rose Moore  
15. Birthplace Hagerstown Md.

16. Informant Donald M. McCauley  
Address Hagerstown Md.

17. Burial Date thereof 1/25/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Rose Hill Cemetery  
Location Hagerstown Md.

18. Funeral director Andrew K. Coffman  
Address Hagerstown Md.

19. Jan 25 46 Date rec'd by registrar Phosft Bowen Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1946 19 --, at 7.30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-21-46 19 --, to 1-24-46 19 --and that I last saw him -- alive on -- 19 --Immediate cause of death Subant Coronary Occlusion DURATION 1 dayDue to --Due to --Other conditions Chf. Failure DURATION 1 day

(Include pregnancy within 3 months of death)

Major findings of operations --Date of op. --Autopsy results --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -- Date of --Where did injury occur? -- (City or town) (County) (State)Injured at home, farm, industry, public place (where?) --Means of injury -- Injured at work? --23. SIGNATURE S. Earl Young M. D. or other --Address -- Date signed --

RECEIVED

JAN 28 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00981 306

## 1. PLACE OF DEATH:

County WashingtonCity or town Greensburg  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 74 yrs  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County WashingtonCity or town Greensburg  
(If outside city or town limits, write RURAL and give nearest town)Street No. Smithsburg Ind # 2  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Mary E Kinsey8.(c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) Oct 26 18718. AGE: Years 74 Months 2 Days 13 If less than one day  
hrs. min.9. Birthplace Eddgemont Md  
(Town, county, and state)10. Usual occupation Black Smith

## 11. Industry or business

12. Name Levi Miller13. Birthplace Md14. Maiden name Sarah Reynolds15. Birthplace Md18. Informant Mrs Mary E MillerAddress Smithsburg Ind # 217. Burial Date thereof 1 11 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Welfy CemeteryLocation Near Smithsburg Md18. Funeral director Walter Y. GroveAddress Waynesboro Penna19. Jan 10 - 1946 Geo. W. Ferguson  
(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Jan - 9 1946 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1930 to Jan - 9 1946and that I last saw him alive on Jan - 8 - 1946Immediate cause of death Cerebral HemorrhageDue to Generalized arterio sclerosisDue to Art. V. H. D. DoubleDue to Myocardial

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H. Ferguson

M. D. or other

Address Waynesboro Penna Date signed 1/9/46

KANSAS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JAN 14 1946

BUREAU V S



RECEIVED  
JAN 22 1946  
BUREAU V.R.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

Reg. Dist. No. 00984 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Ind  
 (If outside city or town limits, write RURAL NEAR and give town)  
 Street address, hospital, or institution:  
Washington County Hospital  
 Stay in hospital or inst. (yrs., or mos., or days) \_\_\_\_\_  
 Stay in this community (yrs., or mos., or days) \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Brownstown Ward No. \_\_\_\_\_  
 (If outside city or town limits, write RURAL NEAR and give town)  
 Street No. \_\_\_\_\_  
 (If rural give LOCATION)  
 2(a) IF VETERAN, NAME WAR \_\_\_\_\_

## 3. (a) FULL NAME

Billy Ray Needy

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

Jan. 12, 1946

8. AGE:

Years

Months

Days

If less than one day

2 hrs.30 min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Charles Edward Needy, Jr.

13. Birthplace

Brownstown, Ind

MOTHER

14. Maiden name

Marilyn Mae (Neagle) Needy

15. Birthplace

Thurmont, Ind.

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

Jan. 15, 1946  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1946, at 7:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 12, 1946, to Jan. 12, 1946,  
and that I last saw him alive on January 12, 1946.

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

## PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



DEPARTMENT OF JUSTICE

UNITED STATES OF AMERICA

RECEIVED

JAN 17 1946

BUREAU V S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/50

## CERTIFICATE OF DEATH

00985

Reg. Dist. No. 302

### 1. PLACE OF DEATH:

County... Washington County  
City or town... Hagerstown Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 7 months  
Hospital, institution, or street address where death occurred:  
Washington County Home  
How long in hospital or institution? 7 months

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... Maryland County... Washington  
City or town... Williamsport, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Conococheague St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Mrs. Martha E Nowell

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
6.(b) Name of husband or wife William Nowell  
deceased 6.(c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) Jan 19 1849  
8. AGE: Years 96 Months 11 Days 16 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Cumberland Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name John Zimmerly  
13. Birthplace Cumberland Md.

MOTHER 14. Maiden name Unknown  
15. Birthplace Cumberland Md.

16. Informant Miss Evelyn Pryor  
Address Potomac St. Williamsport, Md.  
Burial

17. (Burial, cremation, or removal. Which?) Date thereof Jan. 6 1946  
(month) (day) (year)  
Cemetery or crematory Riverview Cemetery  
Williamsport, Md.  
Location

18. Funeral director Edith V Leaf  
Address Williamsport, Md.

19. Jan. 5. 46 Chas H Bowers  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH Jan 4<sup>th</sup> 1946 at 10<sup>20</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1945 to Jan 4 1946  
and that I last saw him alive on Jan 4 1946

Immediate cause of death

Arterio-sclerosis

### DURATION

5 yrs

Due to Chr. Intestinal Nephritis 3 mo

Other conditions  
(Include pregnancy within 8 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide. Date of  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Ernest F. Poremba M. D. or other  
Address Hagerstown Md. Date signed 1/5/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 8 1946

BUREAU V.A.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

## CERTIFICATE OF DEATH

Reg. Dist. No. 00986 302

1. PLACE OF DEATH: Washington  
 County.....  
 City or town..... Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 Washington County Hospital  
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... Maryland..... County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 49 Elizabeth Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME Charles Worthington Randall  
 3. (b) Social Security Number 219-05-2764

4. Sex Male  
 5. Color or race White  
 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Ada R. Randall  
 7. Birth date of deceased (mo., day, yr.) March 4, 1883  
 6. (c) If alive, give age 55 years  
 8. AGE: Years 62 Months 10 Days 28 If less than one day hrs. min.

9. Birthplace Hagerstown, Maryland  
 (Town, county, and state)  
 10. Usual occupation Market Master  
 11. Industry or business City of Hagerstown

FATHER 12. Name Vachael Randall  
 13. Birthplace Hagerstown, Maryland  
 MOTHER 14. Maiden name Wyoma Susan West  
 15. Birthplace Hagerstown, Maryland  
 16. Informant Mrs. Charles Randall  
 Address Hagerstown, Maryland

17. Burial Date thereof 1-4-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Hagerstown, Maryland  
 18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland

19. Jan 3 46 Black H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan/1/46 19..... at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct/27/45 19..... to Jan/1/46 19.....  
 and that I last saw him alive on Jan/1/46 19.....

Immediate cause of death cerebral hemorrhage  
 Due to vascular hypertension  
 Other conditions

## DURATION

4 days  
 3y. rs

(Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....  
 Autopsy results no  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide no Date of.....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE S. Robert Threlkeld, Jr. D.  
 M. D. or other  
 Address Hagerstown, Md. Date signed 1/3/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 7 1946  
BUREAU VA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 127-a

00987

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 3 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 111 Randolph Avenue  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war.....

## 3. (a) FULL NAME

Mabel Elizabeth Reeher

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Charles R. Reeher  
 6. (c) If alive, give age 59 years  
 7. Birth date of deceased (mo., day, yr.) November 28, 1890  
 8. AGE: Years 55 Months 2 Days 2 It less than one day  
 ..... hrs. .... min.

9. Birthplace Smithsburg, Maryland  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business

FATHER 12. Name Samuel L. Reynold  
 13. Birthplace Smithsburg, Maryland  
 MOTHER 14. Maiden name Monticello Winter  
 15. Birthplace Smithsburg, Maryland

16. Informant Charles R. Reeher  
 Address Hagerstown, Maryland

17. Burial Date thereof 2-2-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rest Haven Cemetery  
 Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland

19. Feb. 1, 1946 Chas. H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30, 1946 at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 11, 1946 to Jan 30, 1946  
 and that I last saw him alive on Jan 30, 1946

Immediate cause of death Pulmonary Embolus  
(Post-operative)  
acute Thrombophlebitis  
 Due to..... DURATION 1/2 hr.  
10 days

Due to.....  
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations acute cholecystitis  
 Date of op. 1/11/46

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE OT Binkley M.D.  
 Address Hagerstown, Md. Date signed 2/1/46  
 M. D. or other

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FEB 3 1945

BUREAU V.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

00988

Reg. Dist. No. 302

<b>1. PLACE OF DEATH:</b> County..... <u>Washington</u> City or town..... <u>Hagerstown, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>30 years</u> Hospital, institution, or street address where death occurred: <u>310 North Potomac Street</u> How long in hospital or institution?.....				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> ..... County..... <u>Washington</u> City or town..... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>310 North Potomac Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
<b>3. (a) FULL NAME</b> <u>Mark Edward Reed</u>				<b>3. (b) Social Security Number</b> <u>214-09-0161</u>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>			
<b>6. (b) Name of husband or wife</b> <u>Myrl C. Reed</u>				<b>6. (c) If alive, give age</b> <u>48</u> years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>June 22, 1883</u>				<b>8. AGE:</b> Years <u>62</u> Months <u>6</u> Days <u>11</u> If less than one day ..... hrs. .... min.			
<b>B. Birthplace</b> <u>Williamsport, Wash. Co. Md.</u> (Town, county, and state)				<b>10. Usual occupation</b> <u>Lumber Dealer</u>			
<b>11. Industry or business</b> <u>Dixie Millwork Company</u>				<b>12. Name</b> <u>William W. Reed</u>			
<b>13. Birthplace</b> <u>Wash. Co. Md.</u>				<b>14. Maiden name</b> <u>Mary Donnelly</u>			
<b>15. Birthplace</b> <u>Ireland</u>				<b>16. Informant</b> <u>Mrs. Mark E. Reed</u> Address <u>Hagerstown, Maryland</u>			
<b>17. Burial</b> (Burial, cremation, or removal. Which?) Cemetery or crematory..... <u>Rest Haven Cemetery</u> <u>Hagerstown, Maryland</u> Location..... <u>C. M. Suter &amp; Sons</u> Address <u>Hagerstown, Maryland</u>				<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....			
<b>18. Funeral director</b> Address <u>Hagerstown, Maryland</u>				<b>23. SIGNATURE</b> <u>H. B. Porterfield M.D.</u> Address <u>136 W Washington</u> Date signed <u>1/7/46</u>			
<b>19. (To be rec'd by registrar)</b> <u>Jan 4 1946</u>				<b>20. DATE OF DEATH</b> <u>Jan 2 1946</u> at <u>5:30 P.M.</u> <b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>July 1 1945</u> to <u>Jan 2 1946</u> and that I last saw him alive on <u>Jan 2 1946</u> Immediate cause of death..... <u>Coronary occlusion</u> Due to..... <u>Coronary occlusion</u> Due to..... Other conditions..... (Include pregnancy within 8 months of death) Major findings of operations..... Date of op. .... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.			

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JAN 7 1946  
BUREAU V.E.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

## CERTIFICATE OF DEATH

Reg. Dist. No. 00989 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
Life  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Ravenwood Heights, Md.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Ravenwood Heights, Md.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Alice Beverly Rench

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife  
 6.(c) If alive, give age... years  
 7. Birth date of deceased (mo., day, yr.) October 30, 1876  
 8. AGE: Years 69 Months 2 Days 2 If less than one day  
 ...hrs. ...min.

9. Birthplace... Bolling Hall, Virginia  
 (Town, county, and state)  
 10. Usual occupation... Housework  
 11. Industry or business

FATHER 12. Name Benjamin P. Rench  
 13. Birthplace Washington County  
 MOTHER 14. Maiden name Laura Blackford  
 15. Birthplace Terry Hill, Wash. Co. Md.

16. Informant... Robert Rench  
 Address Ravenwood Heights, Md.

17. Burial Date thereof... 1-3-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory... Rose Hill Cemetery  
Hagerstown, Maryland  
 Location... C. M. Suter & Sons

18. Funeral director... Hagerstown, Maryland  
 Address

19. Jan 3 19 46 East Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... 1/1 - 1946 at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1946 to Jan 1 - 1946and that I last saw him/her alive on Jan 1 - 1946Immediate cause of death... Cerebral HemorrhageArterio-sclerosisDue to... 4-5 yearsDue to... Arterio-sclerosisOther conditions... ✓

(Include pregnancy within 3 months of death)

Major findings of operations... ✓

Date of op. ...

Autopsy results... ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... John O. Miller

M. D. or other

Address... 131 W. WASHINGTONDate signed 1/2 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 7 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8a

Dr. Porterfield

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Week

Hospital, institution, or street address where death occurred:

Wash. Co. HospitalHow long in hospital or institution? 1 Week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1739 Virginia Ave.  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

Mrs Annie Ellen Renner

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife John B.6. (c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) January 25 1874

8. AGE: Years Months Days If less than one day

711119

.....hrs. ....min.

9. Birthplace Myersville Fredrick Co., Md.  
(Town, county, and state)10. Usual occupation House Wife11. Industry or business Own Home12. Name Peter O. Warrenfeltz13. Birthplace Wolfesville Md.14. Maiden name Susan Summers15. Birthplace Wolfesville Md.16. Informant John B. RennerAddress Hagerstown Md.17. Burial Date thereof 1/ 17/ 46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls CemeteryLocation Near Clearspring Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Jan. 15. 46 Blair H. Bowerd.

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14/46 19 46, at 4 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/7 19 46, to 1/14 19 46and that I last saw him alive on 1/14 19 46

Immediate cause of death

Cerebral Hemorrhage

DURATION

11/7/46Due to Arteriosclerosis11/4/46

Due to

Due to

Due to

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D.Address 136 W Washington M. D. or otherDate signed 1/15/46

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JAN 17 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *B30*

## CERTIFICATE OF DEATH

00991

Reg. Dist. No. *302*

<b>1. PLACE OF DEATH:</b> County... <i>Washington</i> City or town... <i>Funkstown</i> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: <i>Funkstown, Md.</i> How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State... <i>Maryland</i> County... <i>Washington</i> City or town... <i>Funkstown</i> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war			
<b>3. (a) FULL NAME</b> <i>Harry B. Reynold</i>				<b>3. (b) Social Security Number</b> <i>214-09-6728</i>			
<b>4. Sex</b> <i>Male</i>		<b>5. Color or race</b> <i>White</i>		<b>6. (a) Single, married, widowed, or divorced</b> <i>Married</i>			
<b>6. (b) Name of husband or wife</b> <i>Edna L. Reynold</i>				<b>6. (c) If alive, give age</b> years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <i>Sept. 7, 1892</i>				<b>8. AGE:</b> Years <i>53</i> Months <i>4</i> Days <i>7</i> If less than one day hrs. min.			
<b>9. Birthplace</b> <i>Washington County, Md.</i> (Town, county, and state)							
<b>10. Usual occupation</b> <i>Silk Weaver</i>							
<b>11. Industry or business</b> <i>Southern Ribbon Co.</i>							
FATHER	<b>12. Name</b> <i>John H. Reynold</i>						
	<b>13. Birthplace</b> <i>Fredk. Co., Md.</i>						
MOTHER	<b>14. Maiden name</b> <i>Anna N. Holliday</i>						
	<b>15. Birthplace</b> <i>Montgomery Co., Md.</i>						
<b>16. Informant</b> <i>Mrs. Edna L. Reynold</i> Address <i>Funkstown, Md.</i>							
<b>17. Burial</b> <i>Burial</i> Date thereof <i>Jan. 17, 1946</i> (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory <i>ROSE HILL Cemetery</i> Location <i>Hagerstown, Maryland</i> <b>18. Funeral director</b> <i>Fred W. Kraiss</i> Address <i>Hagerstown, Md.</i>							
<b>19. Jan. 16, 1946</b> <i>Chas H. Bowers</i> (Date rec'd by registrar) Registrar							

MEDICAL CERTIFICATION	
<b>20. DATE OF DEATH</b> <i>January 14, 1946</i> <i>12:30 P.</i> M	
<b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <i>January 13, 1946</i> to <i>Jan. 14, 1946</i> and that I last saw him alive on <i>January 13, 1946</i>	
<b>Immediate cause of death</b> <i>Coronary Spleen</i>	<b>DURATION</b> <i>5 1/2 hrs.</i>
<b>Due to</b>	
<b>Due to</b>	
<b>Other conditions</b> <i>Hypertension</i>	<b>15 years</b>
(Include pregnancy within 8 months of death)	
<b>Major findings of operations</b> <i>No operations</i>	<b>Date of op.</b>
<b>Autopsy results</b> <i>No autopsy</i>	
<b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically.	
<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following:	
<b>Accident, suicide, or homicide</b>	<b>Date of</b>
<b>Where did injury occur?</b> (City or town) (County) (State)	
<b>Injured at home, farm, industry, public place (where?)</b>	
<b>Means of Injury</b>	<b>Injured at work?</b>
<b>23. SIGNATURE</b> <i>R. B. B.</i> M. D. or other	
<b>Address</b> <i>Hagerstown, Md.</i> <b>Date signed</b> <i>1/15/46</i>	



RECEIVED

JAN 18 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution: Washington Co.  
Stay in hospital or inf. (yrs., or mos., or days) 3 days  
Stay in this community (yrs., or mos., or days) \_\_\_\_\_

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Sample Manor Ward No. \_\_\_\_\_  
(If outside city or town limits, write RURAL NEAR and give town)  
Street No. near Dargan  
(If rural give LOCATION)  
2(a) IF VETERAN, NAME WAR \_\_\_\_\_

### 3. (a) FULL NAME

Vonda Mae Reynold

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced \_\_\_\_\_

### 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Jan 9 - 1946

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 3 hrs. \_\_\_\_\_ min.

9. Birthplace Hagerstown, Md.  
(Town, county, and state)

10. Usual occupation none

### 11. Industry or business

12. Name John Shaft  
13. Birthplace Frederick Co. Md  
14. Maiden name Urgie Reynold  
15. Birthplace Washington Co. Md

16. Informant John Shaft  
Address Middletown, Md.

17. Burial Date thereof 1-13-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sample Manor  
Location Sample Manor

18. Funeral director G. M. Suter & Sons  
Address Hagerstown, Md

19. Jan. 13 19 46 Robert Bowers  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 12 19 46 at 9:20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Birth 19 46 to 1/12 19 46 and that I last saw him alive on 1 - 12 19 46

Immediate cause of death Prematurity 6 1/2 months DURATION \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Walter H. Shealy M. D. or other \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

I

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PHYSICIAN  
Please underline the cause to which death should be charged statistically.

CERTIFICATE OF DEATH

RECEIVED  
JAN 15 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (R6a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
467 McDowell Avenue  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 467 McDowell Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Allie Stahl Rice

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife John E. Rice  
 6.(c) If alive, give age 71 years  
 7. Birth date of deceased (mo., day, yr.) August 15, 1872  
 8. AGE: Years 73 Months 4 Days 20 If less than one day  
 hrs. min.

9. Birthplace Washington County, Maryland  
 (Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

FATHER 12. Name Daniel Stahl  
 13. Birthplace Washington County, Maryland  
 MOTHER 14. Maiden name Martha Benner  
 15. Birthplace Washington County, Maryland

16. Informant John E. Rice  
 Address Hagerstown, Maryland

17. Burial 1-6-46  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
 Cemetery or crematory Salem Reformed Cemetery  
Near Cearfoss  
 Location C. M. Suter & Sons

18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland

19. Jan. 4 46 W. H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1946 at 1 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 1945 to Jan. 4 1946  
 and that I last saw him alive on Jan 3 1946

Immediate cause of death Cerebral hemorrhage DURATION 2 dr  
Hyper tension 10 yrs

Other conditions Arteriosclerosis, heart failure, Accidental fall, drunk, stairway, sugar. 3 weeks  
 (Include pregnancy within 3 months of death)

Major findings of operations Arteriosclerosis, heart failure, Accidental fall, drunk, stairway, sugar. Date of op.

Autopsy results Arteriosclerosis, heart failure, Accidental fall, drunk, stairway, sugar.  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of December 15th, 1945  
 Where did injury occur? Hagerstown, Washington, Maryland  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) at her home  
 Means of injury Accidental fall Injured at work?

23. SIGNATURE V. J. Nathan M. D. or other  
Hagerstown Date signed 1/4/46

RECEIVED  
JAN 7 1946  
BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5814

## CERTIFICATE OF DEATH

Reg. Dist. No. 206

## 1. PLACE OF DEATH:

County Washington  
 City or town Smithsburg md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25-30  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Smithsburg md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Charles Emory Rudy.

## 3. (b) Social Security Number

none

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Elveta Rudy. 6. (c) If alive, give age 73 years  
 7. Birth date 8-9-1907  
 deceased (month, day, yr.)

8. AGE: Years 78 Months 8 Days 20 If less than one day  
 hrs. min.

9. Birthplace Beaver Creek, Wash Co md  
 (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

12. Name Emmanuel Rudy.

13. Birthplace Beaver Creek, Wash. Co md

14. Maiden name Daub. Rudy.

15. Birthplace

16. Informant John Rudy.

Address Hagerstown md

17. Date thereof 1-30-1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Smithsburg Cemetery

Location Smithsburg Wash. Co md

19. Funeral director Geo B. Hoover

Address Smithsburg md

19. Jan 28 1946 Geo W. Ferguson  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1946 at 7 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to Jan 28 1946  
 and that I last saw him alive on Jan 28 1946

Immediate cause of death Carcinoma of testis DURATION 4 days

Due to prostatic malignancy 6 m

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. G. K. O. R. M. D. or other

Address Smithsburg Date signed 1/28/46

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

RECEIVED

FEB 12 1946

BUREAU V S



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

## CERTIFICATE OF DEATH

Reg. Dist. No. 00995 300

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Rural, Near Sharpsburg, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 years  
 Hospital, institution, or street address where death occurred:  
Near Sharpsburg, Maryland  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington  
 City or town... Rural, near Sharpsburg, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
Sharpsburg, Pike  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Nettie R. Sener

## 3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widow</u>	
6. (b) Name of husband or wife <u>Frederick L. Sener</u>			
7. Birth date of deceased (mo., day, yr.) <u>October 31, 1862</u>			
8. AGE: Years <u>83</u>	Months <u>2</u>	Days <u>10</u>	It less than one day .....hrs. ....min.
9. Birthplace <u>Chewsville, Wash. Co. Md.</u> (Town, county, and state)			
10. Usual occupation <u>Housework</u>			
11. Industry or business .....			
FATHER	12. Name <u>Henry B. Rinehart</u>		
	13. Birthplace <u>Chewsville, Maryland</u>		
MOTHER	14. Maiden name <u>Ellen Beard</u>		
	15. Birthplace <u>Chewsville, Maryland</u>		

16. Informant <u>Annette M. Remsburg</u> Address <u>Sharpsburg, Maryland</u>	
17. Burial (Burial, cremation, or removal. Which?)	Date thereof <u>1-13-46</u> (month) (day) (year)
Cemetery or crematory <u>Rose Hill Cemetery</u> <u>Hagerstown, Maryland</u>	
Location .....	
18. Funeral director <u>William H. Downey</u> Address <u>Hagerstown, Maryland</u>	
19. <u>Jan 10</u> (Date rec'd by registrar)	19 <u>46</u> <u>Boyer</u> Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH <u>Jan 10</u> 19 <u>46</u> at <u>5 P.M.</u>	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Dec. 3-4</u> 19 <u>45</u> to <u>Jan 10</u> 19 <u>46</u> and that I last saw him alive on <u>Jan 10</u> 19 <u>46</u> .	
Immediate cause of death <u>Thrombosis of left internal carotid artery</u>	DURATION <u>2 weeks</u>
Due to <u>Chronic myocarditis</u>	<u>1 year</u>
Other conditions .....	.....
(Include pregnancy within 3 months of death)	

Major findings of operations .....	Date of op. ....
Autopsy results .....	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide .....	Date of .....
Where did injury occur? .....	(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....	
Moane of injury .....	Injured at work? .....
23. SIGNATURE <u>Walter H. Shealy M.D.</u>	M. D. or other
Address <u>Sharpsburg, Md.</u>	Date signed <u>1/10/46</u>

RECEIVED

FEB 7 1946

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

### 1. PLACE OF DEATH:

County... Washington  
City or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 days  
Hospital, institution, or street address where death occurred:  
Wash. Co. Hospital  
How long in hospital or institution? 2 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... Maryland County... Washington  
City or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 550 N. Mulberry St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war... none

### 3. (a) FULL NAME

Emma Florence Shipley

### 3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
6. (b) Name of husband or wife Olga J. Shipley 6. (c) If alive, give age... years  
7. Birth date of deceased (mo., day, yr.) August 31, 1860  
8. AGE: Years 85 Months 4 Days 3 If less than one day... hrs. ... min.

9. Birthplace near Hagerstown Wash. Co. Md.  
(Town, county, and state)

10. Usual occupation... None

### 11. Industry or business

MOTHER FATHER  
12. Name John E. Johnson  
13. Birthplace Wash. Co. Md.  
14. Maiden name Susan Johnson  
15. Birthplace Wash. Co. Md.

16. Informant Robert J. Shipley  
Address Boonsboro Md.

17. Burial Date thereof Jan. 8, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery  
Location Hagerstown Md.

18. Funeral director Chas. J. Batts  
Address Boonsboro Md.

19. January 8, 1946 Registrar Phyllis Bowers  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 19 46 at 11:50 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 19 46 to January 4 19 46  
and that I last saw her alive on January 4 19 46

Immediate cause of death  
Bronch. Pneumonia 2 days  
Due to arterio-sclerosis 10 yrs  
Chronic interstitial nephritis, 8 years.  
Due to Uraemia 2 yrs

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Autopsy results...  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. L. M. D. M. D. or other

Address Boonsboro Date signed 1/6/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Bowers

175

06996

RECEIVED

JAN 10 1946

BUREAU V.E.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 76

00997

## CERTIFICATE OF DEATH

Reg. Dist. No. 362

1. PLACE OF DEATH: Washington  
 County.....  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? life Res.  
 Hospital, institution, or street address where death occurred:  
 164 N. Jonathan Street  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 164 N. Jonathan St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME Isiah Show

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Jan. 13, 1946, 11:30 P. M.

6. (b) Name of husband or wife Effie I. Show

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7. Birth date of deceased (mo., day, yr.) April 24, 1887

.....19....., to.....19.....  
 and that I last saw him..... alive on.....19.....

8. AGE: Years Months Days If less than one day  
 58 8 21 hrs. min.

Immediate cause of death.....

DURATION

9. Birthplace Washington County, Md.  
 (Town, county, and state)

Ruptured aortic aneurysm

10. Usual occupation Carpenter

Due to.....

11. Industry or business Self Employed

Due to.....

FATHER 12. Name Aaron Show  
 13. Birthplace Wash. Co., Md.

Other conditions.....

MOTHER 14. Maiden name Missouri Turner  
 15. Birthplace Wash. Co., Md.

(Include pregnancy within 3 months of death)

16. Informant Garvin Show  
 Address 57 W. Franklin St. - Hagerstown, Md.

Major findings of operations.....

17. Burial Date thereof Jan. 16-46  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Manor Cemetery  
 Location Near Tilghmanton, Md.

.....Date of op.....  
 Autopsy results as above Jan/14/46

18. Funeral director Fred W. Kraiss  
 Address Hagerstown, Md.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

19. Jan. 16 1946  
 (Date rec'd by registrar)

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

DEPUTY MEDICAL EXAM.  
 WASH. CO., MD.

23. SIGNATURE S. Robert & Wells M. D. as attester

Address Hagerstown, Md. Date signed 1/14/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 18 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

### 1. PLACE OF DEATH:

County Washington County

City or town Hagerstown Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 6 hrs

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Williamsport, Md.  
(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Lula Maud Shrader

### 3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife John Shrader

6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug. 8 1879

8. AGE: Years Months Days If less than one day  
66 5 9 hrs. min.

9. Birthplace Merchersburg Pa.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name George Briggs

13. Birthplace Merchersburg Pa.

MOTHER 14. Maiden name Elizabeth Strattiff

15. Birthplace Merchersburg Pa.

16. Informant John Shrader

Address Williamsport, Md.

17. Burial Date thereof Jan. 20 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Williamsport, Md.

18. Funeral director Edith V. Leaf

Address

19. Jan. 19. 46 Registrar  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17/46 1946 at 67 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1/17/46 1946 to 1/17/46 1946

and that I last saw him alive on 1/17/46 1946

Immediate cause of death Coronary Occlusion

DURATION

1 Day

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JAN 22 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 176

CERTIFICATE OF DEATH

00999

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington  
City or town Rural Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Cavetown Pike Bridgeport  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Rural Smithburg R. D. 2  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Chewsville Dist.  
(If rural, give LOCATION)  
2.(a) If veteran, name war World War 11

3.(a) FULL NAME

CHARLES ELIAS SHUMAKER

3.(b) Social Security Number

212-24-5754

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April, 27, 1924 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 21 Months 8 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Washington County, Md.  
(Town, county, and state)

10. Usual occupation Concrete Worker

11. Industry or business

FATHER 12. Name John W. Shumaker  
13. Birthplace Frederick County, Md.

MOTHER 14. Maiden name Nina Harshman  
15. Birthplace Frederick County, Md.

16. Informant John H. Shumaker  
Address Smithburg, Md. R D 2

17. Burial Date thereof Jan. 7, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Jan 7 46 Blair H. Bowers  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1946 at 1:50 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_\_,

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_,

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Fractured left head of humerus

Due to fractured left scapula

crushed upper left chest with

Due to hemorrhage & shock

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 1/4/46

Where did injury occur? Bridgeport Wash. Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Gray Concrete Co.

Means of injury caught in gear wheels Injured at work? Yes

DEPUTY MEDICAL EXAM. S. Robert Wells WASH. CO., MD.

23. SIGNATURE \_\_\_\_\_ M. D. or other \_\_\_\_\_

Address Hagerstown Md. Date signed 1/5/46

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 9 1946  
BUREAU V S

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

01000

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? life resident  
 Hospital, institution, or street address where death occurred:  
Cearfoss Dist.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Rural Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Cearfoss Dist.   
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Annie B. Souders

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 B. (b) Name of husband or wife John C. Souders  
 6. (c) If alive, give age \_\_\_\_\_ years  
 T. Birth date of deceased (mo., day, yr.) July 4, 1876  
 8. AGE: Years 69 Months 6 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Virginia  
 (Town, county, and state)  
 10. Usual occupation Home Duties  
 11. Industry or business  
 FATHER 12. Name ----- Smith  
 13. Birthplace Virginia  
 MOTHER 14. Maiden name Amanda Smith  
 15. Birthplace Virginia  
 16. Informant John C. Souders  
 Address Hagerstown, Md. R D Cearfoss

17. Burial Date thereof Jan. 15, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rest Haven Cemetery  
 Location Hagerstown, Md.  
 18. Funeral director Fred W. Kraiss  
 Address Hagerstown, Md.

19. Jan 15 19 46  
 (Date rec'd by registrar) Registrar C. H. Bowers

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1946 19\_\_\_\_ at 12 M M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1945 to Jan 13 1946  
 and that I last saw him alive on Jan 13 1946

Immediate cause of death Acute coronary thrombosis  
 Due to Acute lymphatic leukemia } 3 mo.  
Ch. indolent myeloid

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings of operations not performed  
 Date of op. \_\_\_\_\_  
 Autopsy results none  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. E. Dehart M. D. or other \_\_\_\_\_  
 Address Greencastle Pa Date signed Jan 14 46

MARGIN RESERVED FOR BINDING

VS-A15 9.45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

182

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JAN 17 1946

BUREAU V.S.

END CONTENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Funkstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 50 years  
 Hospital, institution, or street address where death occurred:  
Main Street, Funkstown, Maryland  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Washington  
 City or town..... Funkstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Main Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

B. Frank Sowers

3. (b) Social Security Number  
None

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married  
 8.(b) Name of husband or wife..... Elizabeth Nickle Sowers  
 8.(c) If alive, give age..... 68 years  
 7. Birth date of deceased (mo., day, yr.)..... December 29, 1861  
 8. AGE: Years..... 84 Months..... 1 Days..... 2 If less than one day..... hrs. .... min.

9. Birthplace..... Clearspring, Wash. Co. Md.  
(Town, county, and state)10. Usual occupation..... Retired Farmer

11. Industry or business.....

12. Name..... Samuel Sowers13. Birthplace..... Clearspring, Maryland14. Maiden name..... Sallie Kreps15. Birthplace..... Clearspring, Maryland16. Informant..... George SowersAddress..... Hagerstown, Maryland17. Burial Date thereof..... 2-2-46  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory..... Rest Haven CemeteryLocation..... Hagerstown, Maryland18. Funeral director..... Lewis F. ReeherAddress..... Funkstown, Maryland19. Feb. 1, 1946 Registrar..... Chas. H. Bowers  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jan 31, 1946, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 26, 1946, to Jan. 31, 1946and that I last saw him alive on Jan. 31, 1946Immediate cause of death..... acute myocardial failure DURATION..... 5 daysDue to..... Chr. Myocarditis 10 yrsCardiac Hypertrophy 10 yrs

Due to.....

Other condition..... arterio sclerosis

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

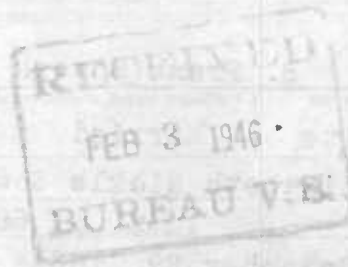
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury..... Injured at work?

23. SIGNATURE..... B. H. Buckley M.D. M. D. or otherAddress..... Hagerstown, Md. Date signed..... 2/1/46

CERTIFICATE OF DEATH





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

01002

<b>1. PLACE OF DEATH:</b> County <u>Washington</u> City or town <u>Hagerstown, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>35 years</u> Hospital, institution, or street address where death occurred: <u>1025 West Washington Street</u> How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Washington</u> City or town <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>1025 West Washington Street</u> (If rural, give LOCATION) 2. (a) If veteran, name war			
<b>3. (a) FULL NAME</b> <u>Mary J. Startzman</u>				<b>3. (b) Social Security Number</b> _____			
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Widow</u>			
<b>6. (b) Name of husband or wife</b> <u>Charles A. Startzman</u> <b>6. (c) If alive, give age</b> _____ years							
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>January 17, 1885</u>							
<b>8. AGE:</b> Years <u>60</u>		Months <u>11</u>		Days <u>19</u>			
				If less than one day _____ hrs. _____ min.			
<b>9. Birthplace</b> <u>Waynesboro, Pa.</u> (Town, county, and state)							
<b>10. Usual occupation</b> <u>Housework</u>							
<b>11. Industry or business</b>							
<b>FATHER</b>							
<b>12. Name</b> <u>Jeremiah Collins</u>							
<b>13. Birthplace</b> <u>Washington, D.C.</u>							
<b>MOTHER</b>							
<b>14. Maiden name</b> <u>Jennie Bock</u>							
<b>15. Birthplace</b> <u>Waynesboro, Pa.</u>							
<b>16. Informant</b> <u>Charles J. Startzman</u> Address <u>Hagerstown, Maryland</u>							
<b>17. Burial</b> Date thereof <u>1-8-46</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Rose Hill Cemetery</u> <u>Hagerstown, Maryland</u> Location <u>C. M. Suter &amp; Sons</u>							
<b>18. Funeral director</b> <u>Hagerstown, Maryland</u> Address							
<b>19. Date rec'd by registrar</b> <u>Jan 7 1946</u> <u>Blanch Bowers</u> Registrar							
<b>MEDICAL CERTIFICATION</b>							
<b>20. DATE OF DEATH</b> <u>Jan 6</u> 18. <u>46</u> at <u>2:45 P.</u> M.							
<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Nov 13</u> 19. <u>44</u> to <u>Jan 6</u> 19. <u>46</u> and that I last saw him/her alive on <u>Jan 6</u> 19. <u>46</u>							
<b>Immediate cause of death</b> <u>Carcinoma Sigmoid</u>							
<b>DURATION</b> <u>1944</u>							
Due to _____							
Due to _____							
Other conditions _____							
(Include pregnancy within 8 months of death)							
<b>Major findings of operations</b> <u>Carcinoma Sigmoid</u>							
Date of op. <u>Dec 10 1944</u>							
<b>Autopsy results</b> _____							
<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>							
<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>							
Accident, suicide, or homicide _____ Date of _____							
Where did injury occur? _____ (City or town) _____ (County) _____ (State)							
Injured at home, farm, industry, public place (where?) _____							
Means of injury _____ Injured at work? _____							
<b>23. SIGNATURE</b> <u>H. Porterfield M.D.</u> M. D. or other							
Address <u>136 W Washington</u> Date signed <u>1/7/46</u>							

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JAN 9 1946

BUREAU V

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01003

174

## 1. PLACE OF DEATH

County

Washington

Village or City

Hagerstown

Length of residence in city or town where death occurred

5 yrs.

No.

634 N. Potomac

St.

4

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Laura Rebecca Trout

(a) Residence: No.

634 N. Potomac

St.

4

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fem.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

Boyd C. Trout - deceased

6. DATE OF BIRTH (month, day, and year)

Feb. 22, 1860

7. AGE

Years

85

Months

10

Days

14

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Housework

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Data deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Mercersburg, Pa.

FATHER

13. NAME

Joseph Divelbiss

14. BIRTHPLACE (city or town)  
(State or country)

Franklin Co., Pa.

MOTHER

15. MAIDEN NAME

Rebecca Tetwiler

16. BIRTHPLACE (city or town)  
(State or country)

Franklin Co., Pa.

17. INFORMANT

(Address)

Mrs. J. H. Comer

18. BURIAL, CREMATION, OR REMOVAL

Place

Mercersburg, Pa.

Date

Jan. 8, 1946

19. UNDERTAKER

(Address)

J. M. Linniger

Mercersburg, Penna.

20. FILED

Jan. 6, 1946

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

January 6, 1946

(Month)

(Day)

1946 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

January 3, 1946, to January 6, 1946

I last saw him alive on January 5, 1946; death is said to have occurred on the date stated above, at 11:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Fracture cervical vertebra

1-3-46

Other Contributory Causes of importance:

Bilateral paralysis from neck down

1-3-46

General arteriosclerosis

?

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Accident Date of injury 1-3-46

Where did injury occur?

Hagerstown, Wash. Co., Md.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

In home

Manner of Injury

Fell down stairs

Nature of injury

Fracture cervical vertebra

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

acting deputy warden

(Signed)

(Address)

Hagerstown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

01004

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

24 Suter's Avenue

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 24 Suter's Avenue  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Minnie Turner

## 3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widow</u>
6. (b) Name of husband or wife <u>Hollie Turner</u>		
7. Birth date of deceased (mo., day, yr.) <u>January 7, 1894</u>		
8. AGE: Years <u>51</u>	Months <u>0</u>	Days <u>6</u>
If less than one day .....hrs. ....min.		

9. Birthplace Wash. Co., Md.  
 (Town, county, and state)  
Home Duties  
 10. Usual occupation  
 11. Industry or business

FATHER	12. Name <u>Clagett Bowers</u>
	13. Birthplace <u>Wash. Co., Md.</u>
MOTHER	14. Maiden name <u>Sarah Hines</u>
	15. Birthplace <u>Wash. Co., Md.</u>

16. Informant Mrs. Sallie Ditto  
 Address HAGERSTOWN, MD.  
 17. Burial Date thereof Jan. 16, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Greenlawn Cemetery  
Williamsport, Md.  
 Location  
 18. Funeral director Fred W. Kraiss  
 Address Hagerstown, Md.  
 19. Jan. 15 1946 Jan. 15, 1946  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1946 10:10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1946 to Jan 13 1946  
 and that I last saw him alive on Jan 13 1946

Immediate cause of death Starobulosis coronary 4 days  
 DURATION

Due to  
 Due to  
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations no  
 Date of op.

Autopsy results no  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide no Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of Injury Injured at work?

23. SIGNATURE M. D. or other  
 Address 164 N. W. Hill Date signed 1-14-46

MARGIN RESERVED FOR BINDING

VS A15 9.45.14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF JUSTICE

UNITED STATES OF AMERICA

RECEIVED

JAN 17 1946

BUREAU V.S.

NOTE: SIGNATURES

NOT TO BE



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

## CERTIFICATE OF DEATH

Reg. Dist. No. 01005 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 80 years  
 Hospital, institution, or street address where death occurred:  
135 North Potomac Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 135 N. Potomac Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

L. Viola Updegraff

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FemaleWhiteWidow6. (b) Name of husband or wife Edward M. Updegraff7. Birth date of deceased (mo., day, yr.) March 18, 1865 6. (c) If alive, give age years8. AGE: Years 80 Months 9 Days 20 If less than one day hrs. min.9. Birthplace Washington County, Maryland  
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business

12. Name Henry S. Eavey13. Birthplace Wash. Co., Md.14. Maiden name Sarah C. Hoffman15. Birthplace Wash. Co., Md.16. Informant George W. Updegraff  
Address Hagerstown, Md.17. Burial Date thereof Jan. 9, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director Fred W. Kraiss  
Address Hagerstown, Md.19. Jan 9 1946 Chas. Bowers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1946 19 6:15 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 45 to Jan 7 19 46 and that I last saw him alive on Jan 7 19 45Immediate cause of death Cardio-vascular-Renal Dissem.

## DURATION

Due to Chronic Endocarditis  
Myocarditis5 yrs.Due to Arteriosclerosis20 yrs.Other conditions Senility

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE J. H. Camp, Jr.

M. D. or other

Address Hagerstown, Md. Date signed Jan 8/46

MARGIN RESERVED FOR BINDING

VS A15 9.45-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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JAN 11 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01006

184

Reg. Dist. No.

302

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution: Washington Co Hospital  
Stay in hospital or inst. (yrs., or mos., or days) 1 month  
Stay in this community (yrs., or mos., or days) Life

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Washington  
City or town Hagerstown P.O. #1  
(If outside city or town limits, write RURAL NEAR and give town)  
Street No. near Chewsville md.  
(If rural give LOCATION)  
2(a) IF VETERAN, NAME WAR

### 3. (a) FULL NAME

LAUREN DAVID WILLIAMS

### 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white Single

### 6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 9 1944

8. AGE: Years Months Days If less than one day  
1 10 4 hrs. min.

9. Birthplace Chewsville md  
(Town, county, and state)

### 10. Usual occupation

### 11. Industry or business

12. Name David S. Williams

13. Birthplace Frederick Co. md

14. Maiden name Emma C. Martin

15. Birthplace Russell md

16. Informant David S. Williams

Address Hagerstown P.O. #1

17. Date thereof Jan 15 46  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Stauffer Cemetery

Location near Smithsburg md

18. Funeral director A. E. Minnich

Address Greencastle Pa

19. Jan 14 19 46 East Haver  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 1 / 13 19 46 at 10:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12 / 13 19 45 to 1 / 13 19 46  
and that I last saw him alive on 1 / 13 19 46

### Immediate cause of death

new blastoma (left adrenal)

### DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

as above

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

### 23. SIGNATURE

J. J. Bowman MD  
M. D. or other

Address Hagerstown md Date signed 1/13/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED

JAN 16 1946

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

## CERTIFICATE OF DEATH

Reg. Dist. No. 01007 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Rural, Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 years  
 Hospital, institution, or street address where death occurred:  
Hagerstown, Route #3, Maryland  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Rural, Hagerstown, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Mt. Aetna Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Nannie C. Wolf

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife Charles H. Wolf

7. Birth date of deceased (mo., day, yr.) August 1, 1859  
 6. (c) If alive, give age ..... years

## 8. AGE:

Years

Months

Days

If less than one day

8658

..... hrs. .... min.

9. Birthplace Washington County, Maryland  
 (Town, county, and state)

10. Usual occupation Housework

## 11. Industry or business

## FATHER

12. Name John Emmert13. Birthplace Washington County

## MOTHER

14. Maiden name Ann Russell15. Birthplace Washington County16. Informant Roy KellerAddress Hagerstown, Maryland, Rt. #3

17. Burial Date thereof 1-11-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director C. M. Suter & SonsAddress Hagerstown, Maryland

19. Jan. 11, 46 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1946 19..... at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Nov. 14, 1945 19..... to Jan. 9 19 46  
 and that I last saw her alive on January 9, 1946 19.....

Immediate cause of death.....  
Acute Hypostatic Pneumonia

## DURATION

4 days

Terminal pneumonia & duration, 4 days  
 Due to.....

Due to.....

Other conditions Acute arthritisIndef.

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE.....

M. D. or other

Address 148 W. Washington St. Date signed Jan. 9/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 14 1946

BUREAU V.B.